

Name
in
Full

Christian H. Ahrens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Dacts</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>July</i>	Day <i>19</i>	Years <i>85</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color of Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Cornet maker</i>			Where Residing if not at place of death <i>407 Highland Ave</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Eizabeth Ahrens</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Eizabeth Ahrens</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

126

PHYSICIAN
OR CORONER

Primary <i>Prostatitis</i>	How long <i>one week</i>
Immediate <i>Nephritis</i>	How long <i>three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Bartley, M.D.</i>
	Address <i>W. F. Bartley</i>
Accident or Suicide?	

Roll T Lurne

Feb 23, 1910

To Battinon Cemetery

Name
in
Full

Mother Mary Ignatia Aiken.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

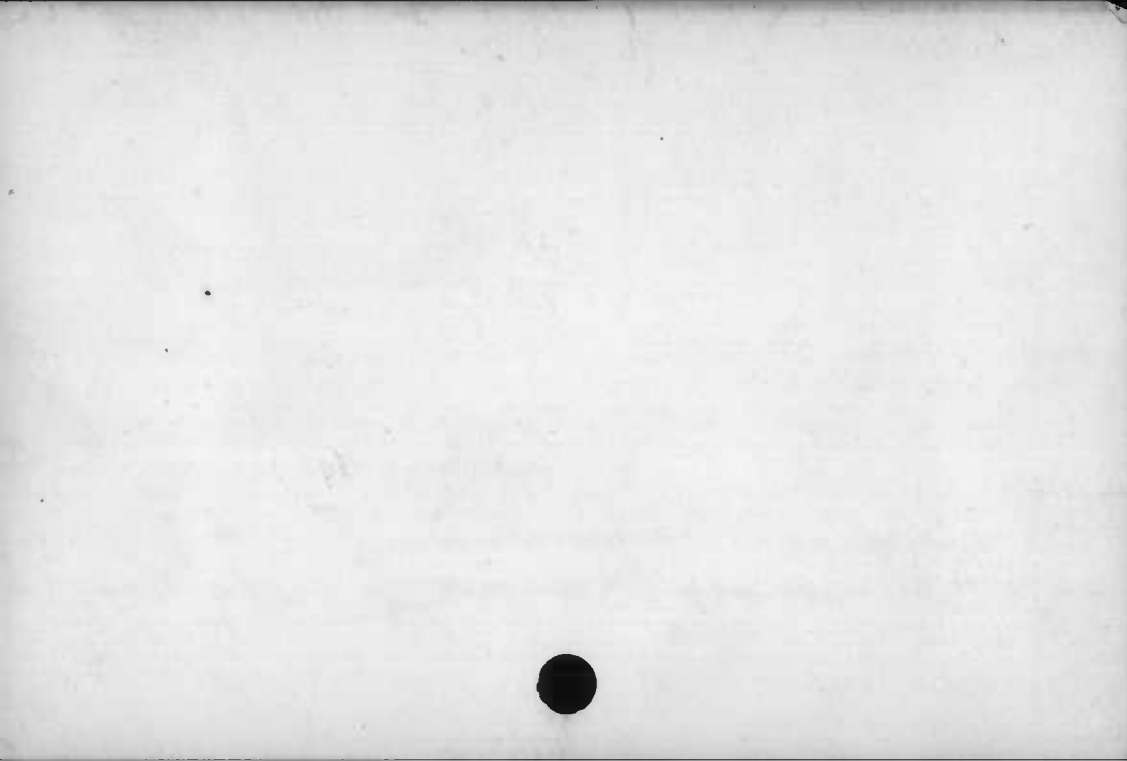
Died at ^{Town} Mount St. Sales		^{County} Balt.		MARYLAND	
Date of death 19 <u>40</u>	Month <u>Feb.</u>	Day <u>16</u> th	Age <u>70</u> Years	Months <u>1</u>	Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Ind.</u>		
Occupation <u>Religious</u>		Where Residing if not at place of death <u>- At place of death.</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Prof. Wm. A. Aiken.</u>			Father's Birthplace <u>Albany N.Y.</u>		
Mother's Maiden Name <u>Margaret Collins</u>			Mother's Birthplace <u>Balt., Md.</u>		
Name of person giving information <u>Sister Mary de Chantal</u>			How related to deceased <u>Not any.</u>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <u>Grippe.</u>	How long <u>6 days -</u>
Immediate <u>Broncho-pneumonia.</u>	How long <u>3 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. C. Dickson M.D.</u>
	Address <u>3053 W. North Ave.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

O Liza J. Akehurst

Died at *Pimlico* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death *1940 Feb 24* ^{Month} ^{Day} ^{Years} ^{Months} ^{Days} Age *63*

Sex *Female* Color or Race *White* Birth-place

Occupation *—* Where Residing if not at place of death *827 Patterson Park*

Married, Single or Widowed *—* Name of Wife or Husband *John Akehurst*

Father's Name *Gernig* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving Information *—* How related to deceased *Son in Law*

CAUSES OF DEATH

79

Primary *Cardiac Bronchitis* How long *2 yrs*

Immediate *Pulmonary Edema* How long *12 hrs*

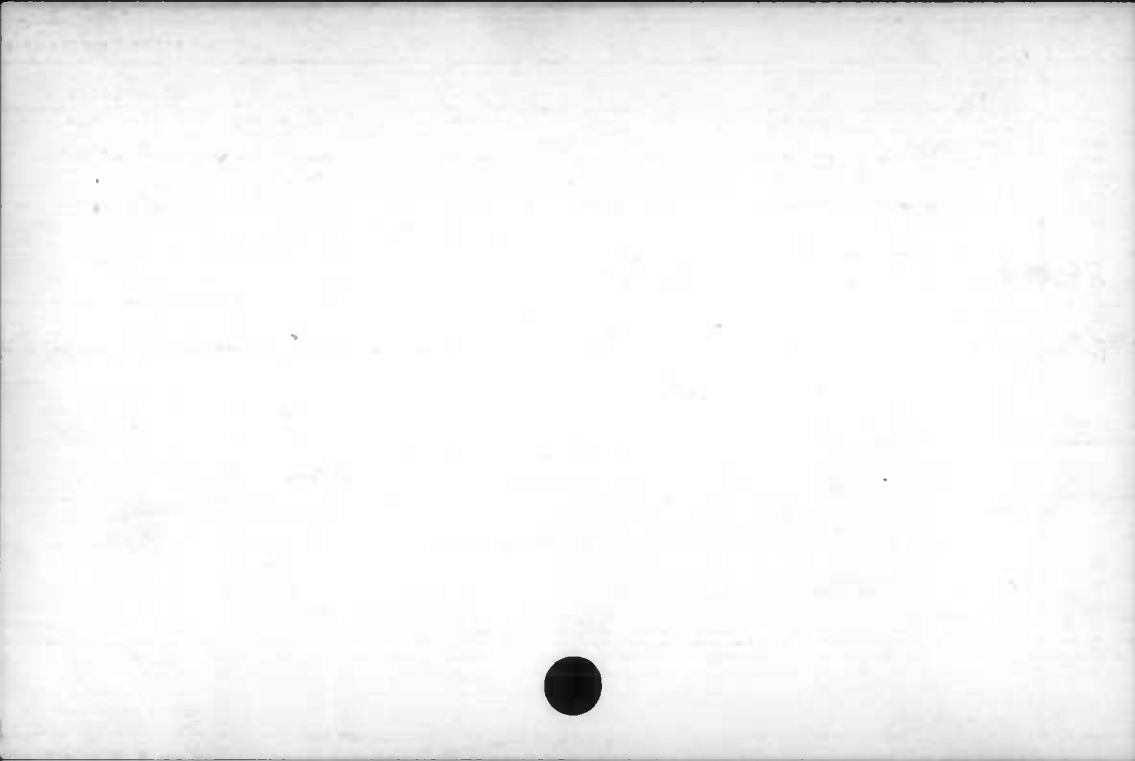
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm. J. Wells*

Address *Port Houghton*

Accident or Suicide *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Jane Arnold</i>		Town <i>Mt Mans</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Mt Mans</i>		Month <i>Feb</i>		Day <i>10</i>		Years <i>72</i>	
Date of death <i>1910 Feb 10</i>		Months <i>4</i>		Days <i>24</i>			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Balto Md</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jacob Arnold</i>					
Father's Name <i>James Allen</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>Mary Hisey</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Jacob. Arnold</i>		How related to deceased <i>husband</i>					

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>1 year -</i>
Immediate <i>Uremia</i>	How long <i>36 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. S. M. Kueffer</i>
	Address <i>Monell Park</i>
	<i>Balto Co Md</i>
Accident or Suicide?	

Mr J. Fisker Mr.
Audon Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John E. Arthur</i>		Town <i>Woodlawn</i>		County <i>Balto</i>		MARYLAND	
Died at		Month <i>Feb</i>		Day <i>6</i>		Age <i>42</i>	
Date of death <i>1910</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>1711 Essex St Balto Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Maggie Arthur</i>					
Father's Name <i>Thos Arthur</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Ellen Boyle</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Maggie Arthur</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Richard A. Bevan M.D.</i>	
		Address <i>Acting Coroner</i>	
Accident or Suicide?		<i>Balto County</i>	

J. H. Walker

723 W. Lafayette Ave

City

Name
in
Full

Charles Baggage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

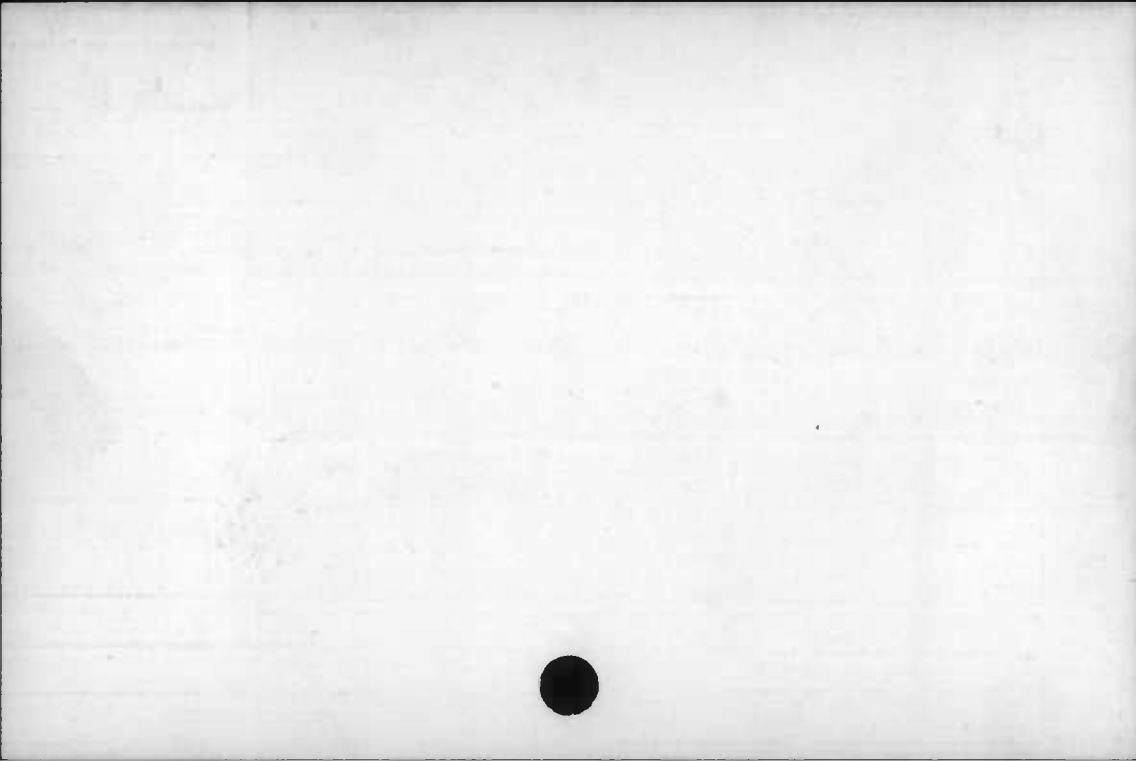
Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1900</i>		Month <i>2</i>	Day <i>1</i>	Age <i>49</i>		Years	Months
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co. Md</i>			
Occupation <i>Labour</i>		Where Residing if not at place of death <i>782 Frederick Ave</i>					
Married, Single or Widowed <i>Mar</i>		Name of Wife or Husband <i>Jennie Baggage</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Margaret Vogel</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Jennie Baggage</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Stomach</i>	How long	<i>Several months</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. H. Brown M.D.</i>	
		Address <i>[Redacted]</i>	
Accident or Suicide?			



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Agnes Hosp. Town</i>		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1900</i>	Month	<i>February</i>	Day	<i>14th</i>
Age	<i>21</i>	Years	<i>8</i>	Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>	Where Residing if not at place of death <i>Germany, Md.</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Howard William Baker</i>			
Father's Name	<i>Jessie Bond</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Anna Marie Keler</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving In formation	<i>H.W. Baker</i>			How related to deceased	<i>Husband</i>

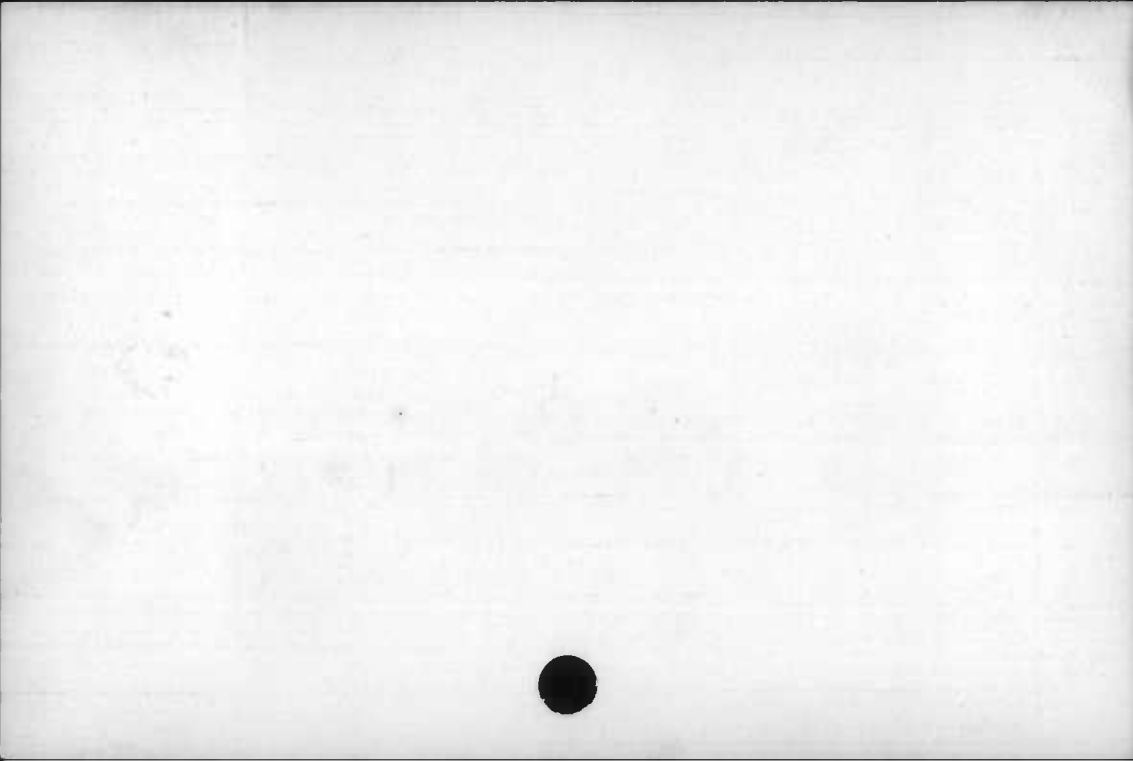
CAUSES OF DEATH

~~29~~

31 ✓

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Pelvic Peritonitis</i>	How long	<i>6 weeks</i>
Immediate	<i>General Tubercular Peritonitis</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Lois E. Crank</i>	
		Address <i>St Agnes Hospital Baltimore</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

Infant of Geo. Coster & Annie Ballard

Died at ^{Town} Mt. Washington ^{County} Baltimore MARYLAND

Date of death 1940 ^{Month} 2 ^{Day} 4 ^{Years} Age ^{Months} ^{Days}

Sex Female Color or Race Colored Birth-place Mt. Washington

Occupation ^{Where Residing if not at place of death} Mt. Washington

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Geo. Coster Father's Birthplace Md

Mother's Maiden Name Annie Ballard Mother's Birthplace Md

Name of person giving Information Annie Ballard How related to deceased Mother

CAUSES OF DEATH

Primary Premature birth ^{How long} 7 mos -

Immediate Syphilis ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician A. J. Gillis
Address Mercy Hospital
Baltimore

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. H. Knap

Campfield Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Gardenwalk

Baltimore

MARYLAND

Date

of death

1990 Feb.

15

Age *45*

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Russia Poland

Occupation

Tactor

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Peter Battatis

Father's
Birthplace

Russia

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Russia

Name of person giving
Information

Joseph Matulewicz

How related
to deceased

None

CAUSES OF DEATH

Primary

Coronary Scur

How long

Yrs

Immediate

Heart Failure

How long

24 hrs

Are the name, age, sex, color, data
and place correctly given above?

Yes.

Signature of
Physician

W. H. Clayton

Address

Overlea

Accident or Suicide

+

Mid

4

PHYSICIAN
OR CORONER

St. Joseph's Cemetery

F. Lassahur & Sons

Name in Full		Eva Elizabeth Barnette				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Catonsville	County Baltimore		MARYLAND	
	Date of death	1960	Month	2	Day	1	Age
			Years	20	Months	3	Days
			18	Sex		Female	Color or Race
			White	Birth-place		Baltimore Co Md	Occupation
			none	Where Residing if not at place of death		Place of Death	
				Married, Single or Widowed		Single	Name of Wife or Husband
		None		Father's Name		William E Barnette	Father's Birthplace
		Ellicott City Md		Mother's Maiden Name		Emma F Buehler	Mother's Birthplace
		Baltimore Co Md		Name of person giving information		William E Barnette	How related to deceased
		Father					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis				How long
							2 years
	Immediate		Gradual weakening of the heart				How long
							2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. Chas Macgill			
		Address		Catonsville			
Accident or Suicide?							

Mrs. C. Priest & Son
London Park

Name
in
Full

Thomas Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Westport</u>		County <u>Balto</u>		State <u>MARYLAND</u>	
Date of death	19 <u>40</u>	Month <u>2</u>	Day <u>25</u>	Age <u>79</u>	Months <u>—</u>	Days <u>—</u>	
Sex	<u>Male</u>		Color or Race	<u>white</u>		Birth-place	<u>Ind</u>
Occupation	<u>Fisherman</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Elizabeth Barrett</u>			
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>Unknown</u>		
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Unknown</u>		
Name of person giving Information	<u>Lewis J. Corriek</u>			How related to deceased	<u>Grandson</u>		

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<u>Rupture and dysentery</u>	How long	<u>four weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>four hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>August W. Miller</u>
		Address	<u>Mr. Williams</u> <u>Balto. Md.</u>
Accident or Suicide			

James H. Hignani
Mt O live.

Name
in
Full

Frances A. J. Bartholow.

CERTIFICATE OF DEATH

Died at ^{Town} Canton ^{County} Balto. MARYLANDDate of death 1940 Feb. 13th Age 49 Months 1 Days 28

Sex Female Color or Race White Birth-place Balto Co.

Occupation House Wife Where Residing if not at place of death 3217 Elliott St.

Married, Single or Widowed Married Name of Wife or Husband Harry C. Bartholow.

Father's Name Samuel Bowden Father's Birthplace England

Mother's Maiden Name Sarah Alkhurst. Mother's Birthplace N. S.

Name of person giving Information Harry C. Bartholow How related to deceased Husband

CAUSES OF DEATH

Primary Brights Disease 120 months

Immediate Dropsy heart invol. 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

O. J. Lantry M.D.
3512 Bancroft St
Hillman
N. D.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Lilly and Zeiler ,

Undertakers

Feb. 16th 1910

Oak Lawn Cemetery

Name
in
Full

CERTIFICATE OF DEATH

James Beasley

Town

County

Died at

Municipal Tuberculosis Hosp.

Baltimore

MARYLAND

Date

of death 1960

Month

Feb

Day

19

Age

Years

86

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Oppenheimer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Beasley

Father's
Birthplace

Chalco

Mother's
Maiden Name

Anna Williams

Mother's
Birthplace

"

Name of person giving
In formation

Anna D. Keschner

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Exhaustion

How long

About six months

Immediate

Pulmonary Phthisis

How long

Three

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. W. Ecker M.D.

Address

Bay View Hospital

Accident or Suicide?

-

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Crowley Bros. —

Ms. Carmel Cemetery. —

Feb. 22 - 1910. —

Name
in
Full

Maggie R. Bellmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Boston</i>		County <i>Balto.</i>		MARYLAND	
Date of death	19	Month <i>Feb.</i>	Day <i>16</i>	Age <i>32</i>	Years <i>3</i>	Months <i>9</i>	Days <i>9</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Baltimore</i>
Occupation	<i>Nursewife</i>			Where Residing, not at place of death <i>#3206 Tray (Cm.)</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Friedrich Bellmann</i>				
Father's Name	<i>Peter Smith</i>					Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name	<i>Not known</i>					Mother's Birthplace	<i>"</i>
Name of person giving In formation	<i>Friedrich Bellmann</i>					How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>unknown</i>
Immediate	<i>Toxemia</i>	How long	<i>4 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>W. J. McAvoy M.D.</i>	
		<i>1839 S. Canton St.</i>	
Accident or Suicide?			

H. P. Thomsen & Sons.
Trinity Cemetery
Feb. 19th 1910

Wm. M. & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>mt mians</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	19 <u>00</u>	Month <u>Feb</u>	Day <u>11</u>	Age <u>—</u>	Months <u>—</u> Days <u>3</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Balto Co Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Harry Bender</u>			Father's Birthplace <u>Balto Md</u>		
Mother's Maiden Name <u>Mabel Ridenbaugh</u>			Mother's Birthplace <u>Ia</u>		
Name of person giving Information <u>Harry Bender</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>	How long <u>7 mos</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. S. M. Kieffer</u>
	Address <u>Morell Park</u> <u>Balto Co. Md</u>
Accident or Suicide	<u>17</u>

W. Christ.

G. Knell & Son

Name
in
Full

Wm E Bennett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Catonsville ^{County} Balto MARYLAND

Date of death 1940 ^{Month} Feb ^{Day} 9 Age ^{Years} 30 ^{Months} — ^{Days} —

Sex Male Color or Race Colored Birth-place Catonsville

Occupation Laborer Where Residing if not at place of death Catonsville, Md

Married, Single or Widowed Married Name of Wife or Husband Mary S Bennett

Father's Name Maudie Bennett Father's Birthplace unknown

Mother's Maiden Name Della Doan Mother's Birthplace Balto Co

Name of person giving Information Maudie Bennett How related to deceased Brother

CAUSES OF DEATH

Primary Rt- Labor Pneumonia 6 days
How long

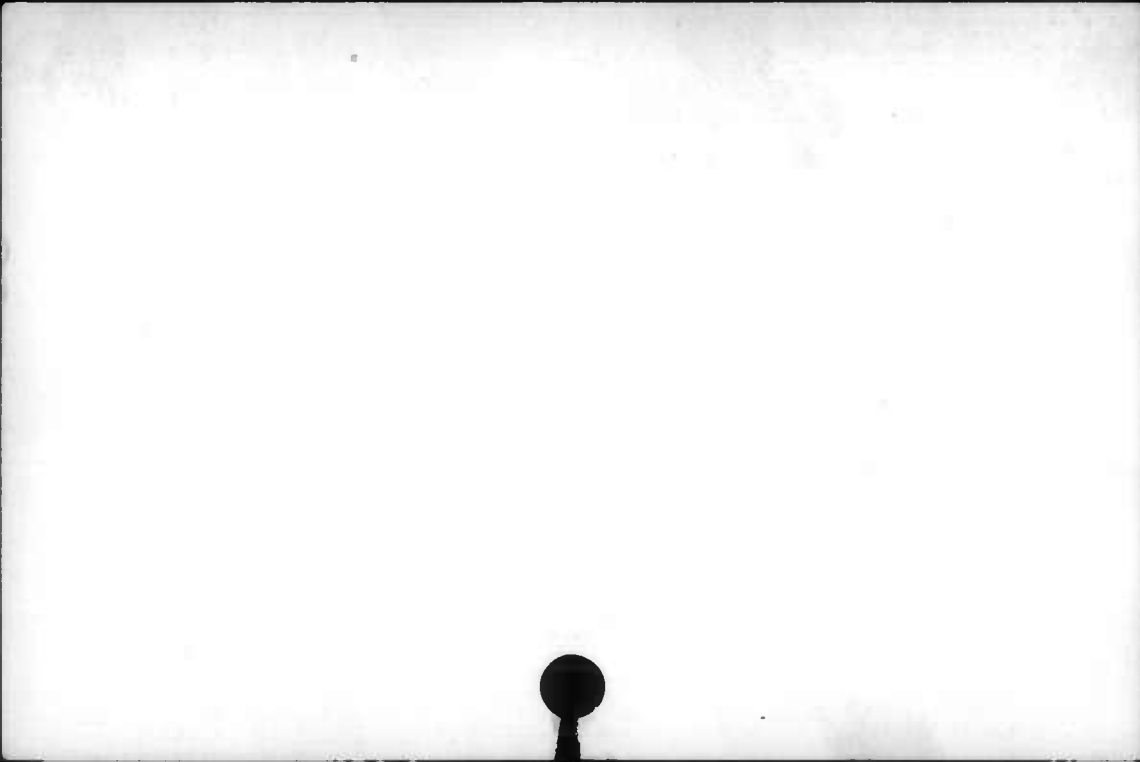
Immediate Asthenia 36 hours
How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Marshall B. Wurst
Address Catonsville, Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William F Bessing

Died at ^{Town} St Agnes Hospital ^{County} Baltimore

MARYLAND

Date of death 1980 ^{Month} July ^{Day} 10 ^{Age} 75 ^{Months} ^{Days}Sex Male ^{Color or Race} white ^{Birth-place} GermanyOccupation watch maker ^{Where Residing if not at place of death} 623 Whetstone St~~Married~~ ^{Name of Wife or Husband}Father's Name Henry Bissing ^{Father's Birthplace} GermanyMother's Maiden Name Elizabeth Fick ^{Mother's Birthplace} GermanyName of person giving information H W Bissing ^{How related to deceased} nephew

CAUSES OF DEATH

98

Primary Emphysema & Chronic Bronchitis ^{How long} 1 yr +Immediate Cerebral Edema ^{How long} Immediate

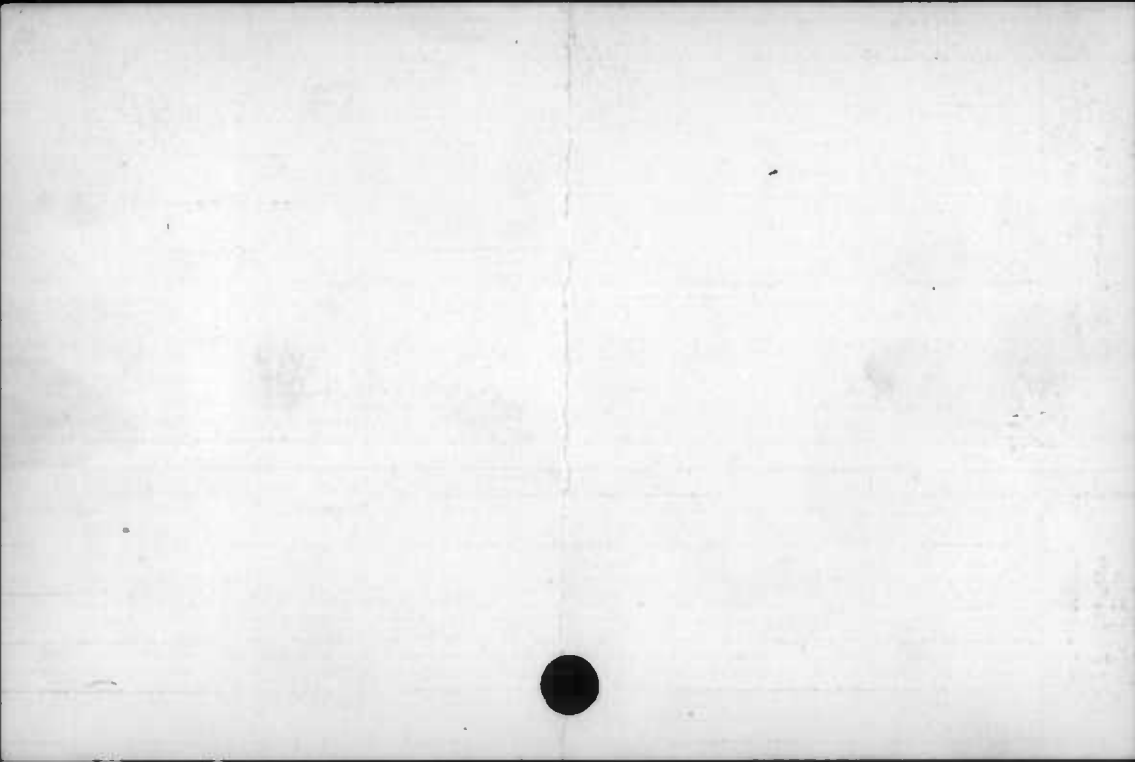
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Allen Graham M.D.

Address St Agnes Hospital

Accident or Suicide? No

PHYSICIAN
OR CORONER



Name
in
Full

Margaret Catherine Black

CERTIFICATE OF DEATH

Died at ^{Town} Glyndon ^{County} Balto. Co

MARYLAND

Date of death 1900 Feb 28 Age 80 Months — Days —

Sex Female Color or Race White Birthplace Baltimore

Occupation House Keeper Where Residing if not at place of death Glyndon

Married, Single or Widowed ~~Single~~ Name of Wife or Husband Samuel Black

Father's Name Jm. Brubb. Father's Birthplace Baltimore

Mother's Maiden Name Margaret Goddard Mother's Birthplace "

Name of person giving Information Ella Spruce How related to deceased Daughter

CAUSES OF DEATH

119

Primary Arterio Sclerosis & Valvular trouble How long 3 or 4 years

Immediate Acute Nephritis & Heart failure How long 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Thos Spruce
Glyndon Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Landon Park

Mar 2 / 1910

Geo J. Smith

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm H. Boblitz, Sr.

Died at *Towson* Town *Balto* County

Date of death *1910* Month *Feb* Day *10* Age *83* Years Months *—* Days *17*

Sex *Male* Color or Race *White* Birthplace *Maryland*

Occupation *Laborer* Where Residing if not at place of death *Towson, Md.*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Louise J. Boblitz*

Father's Name *Jacob Boblitz* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Mary Harris* Mother's Birthplace *Pennsylvania*

Name of person giving information *Mary Tagg* How related to deceased *Daughter*

CAUSES OF DEATH *154*

PHYSICIAN
OR CORONER

Primary *Smile breathing* How long *3 years*

Immediate *Exhaustion & Smile breathing* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W H Garrett*

Address *Towson, Md*

Accident or Suicide? *no*

F. Lassahn & Sons

Baltimore Cemetery

Name
in
Full

Margaret B. Bokke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Roland Park		Baltimore		Baltimore	
Date of death	1960	Month	Feb.	Day	22
Age	36	Years	1	Months	14
Sex	Female	Color or Race	White	Birth-place	Baltimore
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		
Howard J. Bokke		Father's Name			
George W. Goodhard		Father's Birthplace			
Baltimore		Mother's Maiden Name			
Margaret J. Johnson		Mother's Birthplace			
Baltimore County		Name of person giving information			
Mrs. A. H. Kelly		How related to deceased			
None					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	48 hours
Immediate	Hypostatic Pneumonia	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. M. Johnson	
Address		1022 N. Lafayette Ave., Baltimore Md.	
Accident or Suicide?		No	

Chas. E. Foanck

802 Madison Ave

Greenmount Caw.

Name
in
Full

CERTIFICATE OF DEATH

Clinton H. Bollinger

TO BE ANSWERED BY
NEAREST FRIEND

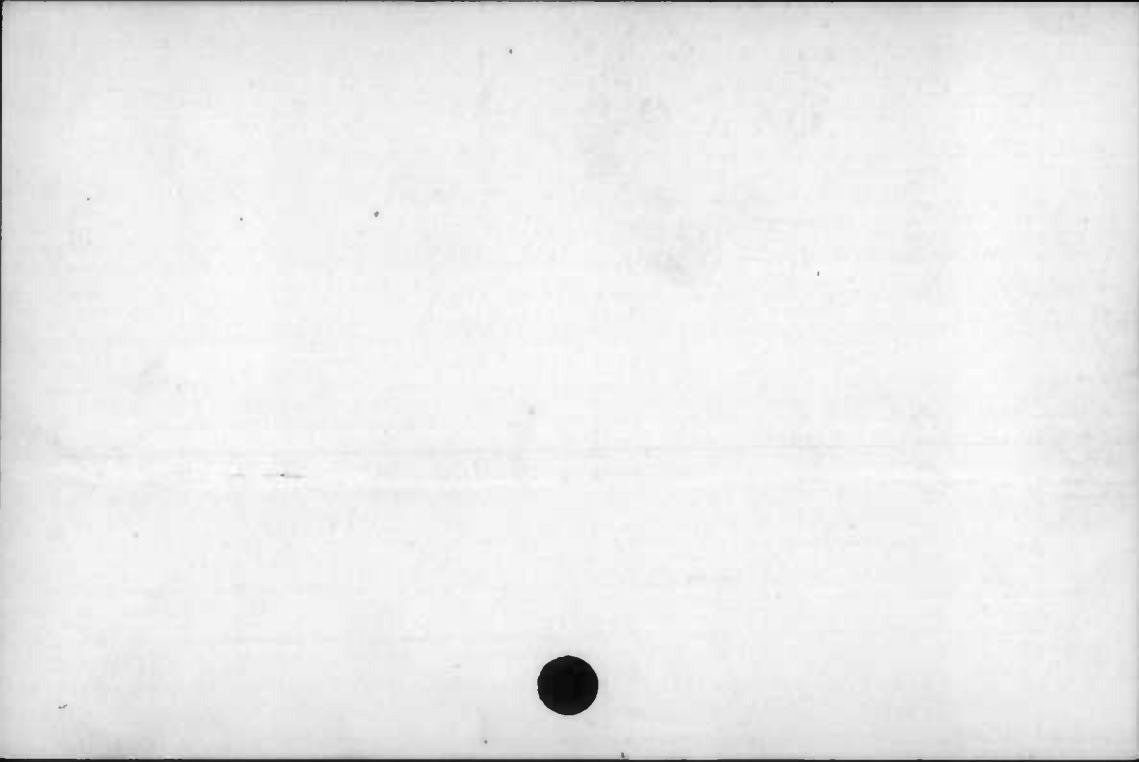
Died at <i>near Stutz</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death	<i>1949</i> <small>Year</small>	<i>Feb.</i> <small>Month</small>	<i>23</i> <small>Day</small>	<i>about 31</i> <small>Years</small>	<i></i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>Rail Road Brakeman</i>		Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Jeff. Bollinger</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Rebecca</i>			Mother's Birthplace	<i>11</i>
Name of person giving information	<i>H. B. Deckerger</i>			How related to deceased	<i>None.</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Tuberculosis</i>	How long	<i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Chad Stone</i>	
		Address	
		<i>New Freedom Pa</i>	
Accident or Suicide?			



Name
in
Full

Cora Edith Bosley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Forreston* Town

County

Balto

MARYLAND

Date
of death *1900*

Month

2

Day

20

Age

Years

0

Months

4

Days

*0*Sex *Female*Color or
Race*Irish*Birth-
place*Cupperio. Ind*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*William Bosley*Father's
Birthplace*Cupperio. Ind*Mother's
Maiden Name*Zola May Wilson*Mother's
Birthplace*Parkston Ind*Name of person giving
In formation*Zola May Wilson*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Marasmus + Bronchitis

How long

3 months

Immediate

Prostration + Heart Failure

How long

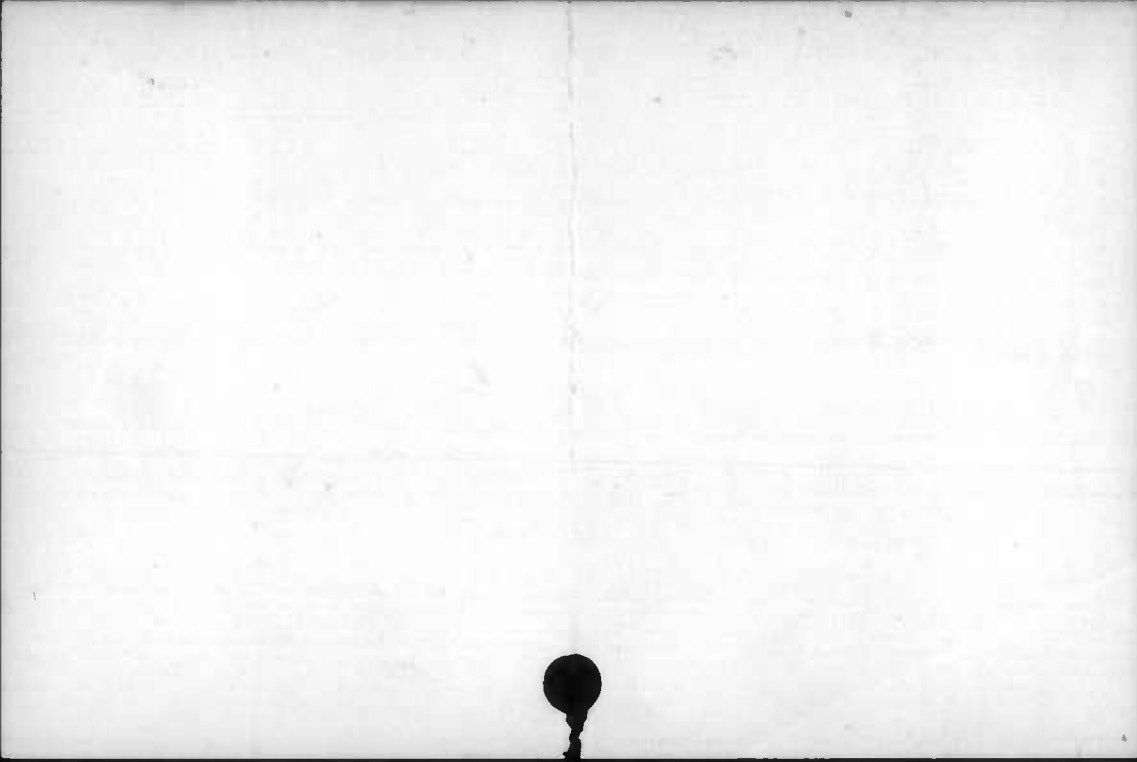
*24 hrs*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr D. M. Fresh*

Address

*26 Campbell**Ind*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Richard W. Borley
Town *Govanston* County *Balto*

MARYLAND

Died at *Govanston* *Balto*
Date of death 19*40* Month *Feb* Day *27* Age *48* Months Days

Sex *Male* Color or Race *White* Birth place *Texas Ind*

Occupation *Lawyer* Where Residing if not at place of death *Balto Co*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Borley of Mrs* Father's Birthplace *Balto Co*

Mother's Maiden Name *Rachel Harriman* Mother's Birthplace *Balto Co*

Name of person giving Information *John C. Borley* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Cardiac dilatation* How long *79* *Unknown*

Immediate *Loss of compensation* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *J. H. Smith*

Address *Govanston Ind*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Place of Burial. Shrewsbury P. E. Church
Cemetery, Cockeysville, Balt. Co., Md.
Undertaker, Henry W. Mears & Son,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Town

County

MARYLAND

Month

Day

Years

Months

Days

Age

Color or
Race

Birth-
place

Where Residing if not
at place of death

Name of Wife or
Husband

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

John Burns Sons
Towns

Interment in
Garrison Forest
Cemetery
Ball's Co. and

Feb 16th 1910

Name
in
Full

Annie M. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at West-Balto Town Balto County MARYLAND

Date of death 1960 Month 2 Day 13 Age 50 Years 11 Months - Days

Sex Female Color or Race White Birth-place va

Occupation Housewife Where Residing if not at place of death Westport

Married, Single or Widowed Married Name of Wife or Husband John K Brown

Father's Name William L. Hendley Father's Birthplace va

Mother's Maiden Name Anna Forrester Mother's Birthplace va

Name of person giving Information John K. Brown How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis How long 3 months

Immediate Paralysis of Heart How long 1 minute

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician August W. Milley, Jr.

Address 900 W. inans

Accident or Suicide Balto to Md 1/3

Cedar Hill Cemetery
Feb 16/910.

Wm Cook
502 E. North St

Name
in
Full

Elizabeth Louise Brune

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Highlandtown		Baltimore					
Date of death		Month	Day	Years	Months	Days	
1990 Feb		4	5	1	3		
Sex	Female	Color or Race	White		Birth-place	Baltimore Co.	
Occupation	None		Where Residing if not at place of death		3327 Eastern Ave		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Marcella Brune				Father's Birthplace	Baltimore dld.	
Mother's Maiden Name	Elizabeth Vogel				Mother's Birthplace	Baltimore Co.	
Name of person giving Information	Elizabeth Brune				How related to deceased	Mother	

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Whooping Cough.		How long	2 to 3 weeks.
Immediate	Pneumonia.		How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.		
Signature of Physician		W. E. McCandless M.D.		
Address		119 S. Clinton St. Highlandtown.		
Accident or Suicide				

Indulakey. —

Lilly and Zeila. —

Burial. —

Oak Hamm Cem.

— Feb. 6 / 1910. —

Name

in Full

CERTIFICATE OF DEATH

Samuel Bradford Buchanan.

Town

County

MARYLAND

Died at Whitford

Salto

Date

of death

1900

Month

Feb.

Day

27

Age

Years

1

Months

3

Days

Sex

Male

Color or Race

Colored

Birthplace

Whitford

Occupation

none

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John Bradford Buchanan

Father's Birthplace

Maryland.

Mother's Maiden Name

Rose Stevenson

Mother's Birthplace

Pa.

Name of person giving Information

Father

How related to deceased

CAUSES OF DEATH

150

v

Primary

Congenital Heart Trouble ever since birth.

Immediate

Heart Failure immediate.

Are the name, age, sex, color, date and place correctly given above?

yes

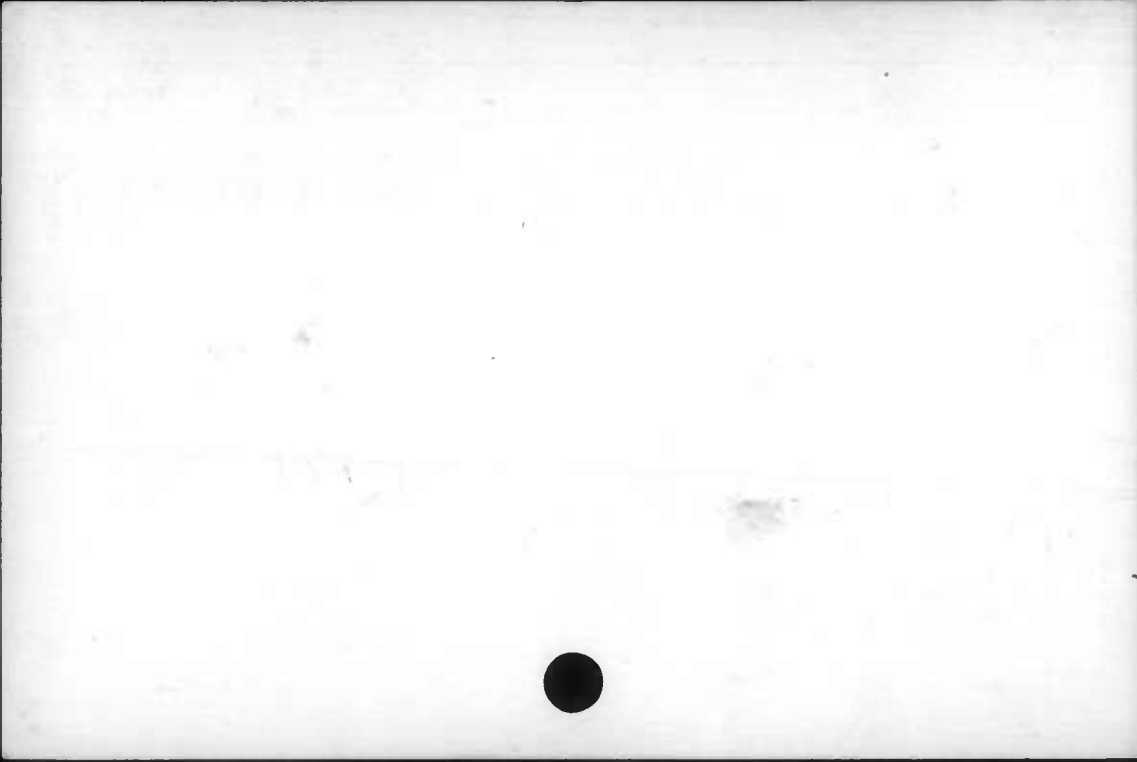
Signature of Physician

Address

S. N. Austin, Delcher
Carey, Maryland.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Died at <i>Bovanstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	19 <i>00</i> ^{Month} <i>February</i> ^{Day} <i>15th</i>	Age	<i>73</i> ^{Years}	<i>3</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>male</i>	Color or Race	<i>White</i>		Birth-place
Occupation	<i>retired</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband	<i>Phoebe Burkhardt</i>		
Father's Name	<i>Jacob Burkhardt Sr</i>		Father's Birthplace	<i>Switzerland</i>	
Mother's Maiden Name	<i>Mary Sommers</i>		Mother's Birthplace	<i>Switzerland</i>	
Name of person giving Information	<i>Mrs Cordelia L Balls</i>		How related to deceased	<i>daughter</i>	

CAUSES OF DEATH

Primary	<i>Paralysis</i>	How long	<i>66</i> ✓
Immediate		How long	<i>Set from Feb. 9, 1900</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. G. Prentiss, M. D.</i>
		Address	<i>809 Green ch. Ave</i>
Accident or Suicide			

Geo Schillinghaus
Mount Olivet Cemetery

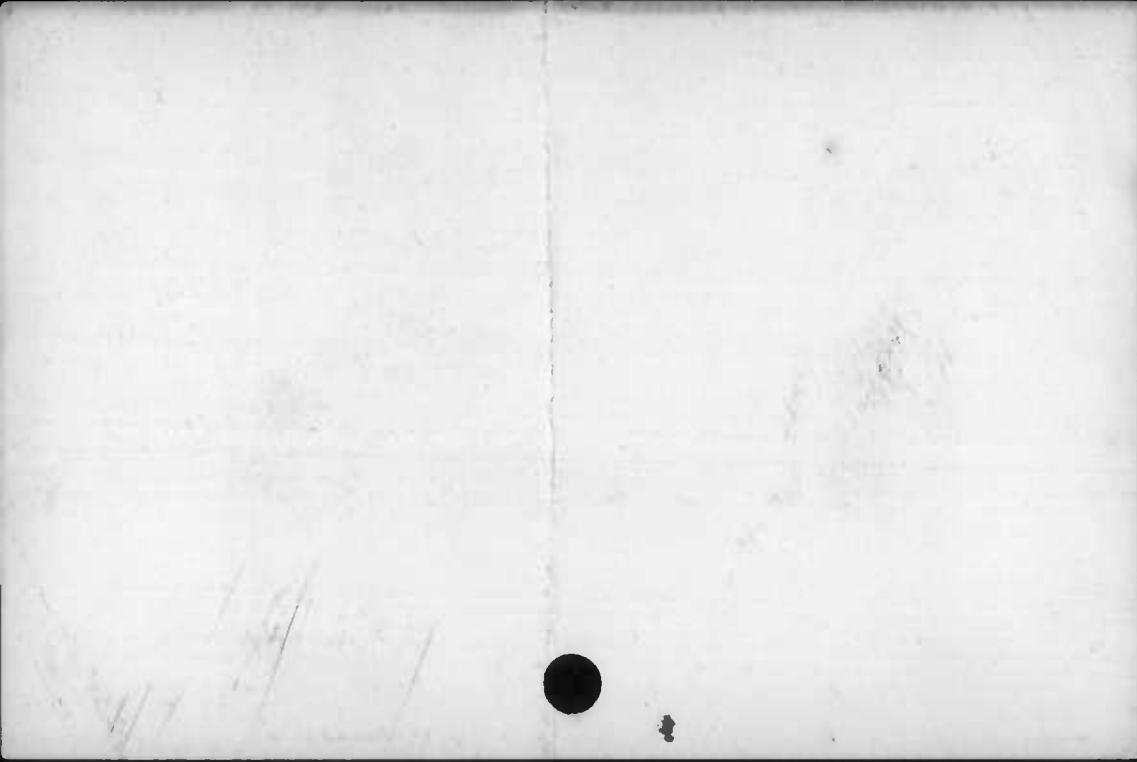
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Thomas Wiley Burns		Town Gorsuch Mills		County Baltimore		MARYLAND	
Died at		Date of death 19 10		Month Feb.		Day 22	
Age 12		Years 12		Months 3		Days 13	
Sex Male		Color or Race White		Birth-place Caree Harford Co Md			
Occupation Schoolboy		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Thomas R Burns		Father's Birthplace Harford Co Md					
Mother's Maiden Name Jennie A. Barchinger		Mother's Birthplace York Co Pa					
Name of person giving information Jennie A. Burns		How related to deceased Mother					
CAUSES OF DEATH							
Primary		Measles & Pneumonia		How long Since Feb 10			
Immediate		Pneumonia (lobar)		How long 7 days			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Crays M Tree M.D.		Address Stuartstown Pa.			
Accident or Suicide?							

PHYSICIAN
OR CORONER



Name
in
Full

Eliza Reimer Campbell

CERTIFICATE OF DEATH

Died at *Edmund* Town *Stark*

County

MARYLAND

Date
of death *1900*Month
*2*Day
*10*Age
79

Years

Months
10

Days

Sex
*F*Color or
Race
*W*Birth-
place
*Ireland*Occupation
*Superior*Where Residing if not
at place of deathMarried, Single
or Widowed
*Widow*Name of Wife or
Husband
*Eliza Campbell*Father's
Name
*Henry Campbell*Father's
Birthplace
*Ireland*Mother's
Maiden Name
*Agnes Crawford*Mother's
Birthplace
*11*Name of person giving
In formation
*Rocky Knepper*How related
to deceased
Niece

CAUSES OF DEATH

103

Primary
*Accident of Stomach*How long
*1 week*Immediate
*By Stomach, Duodenum*How long
*1 week*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician
*Henry V. Campbell*Address
Edmund Stark

Accident or Suicide?

Chas F. Evans
118 W. Mt Royal Ave
Woodlawn Conn

Name
in
Full

Rev. Walker S. Caughy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

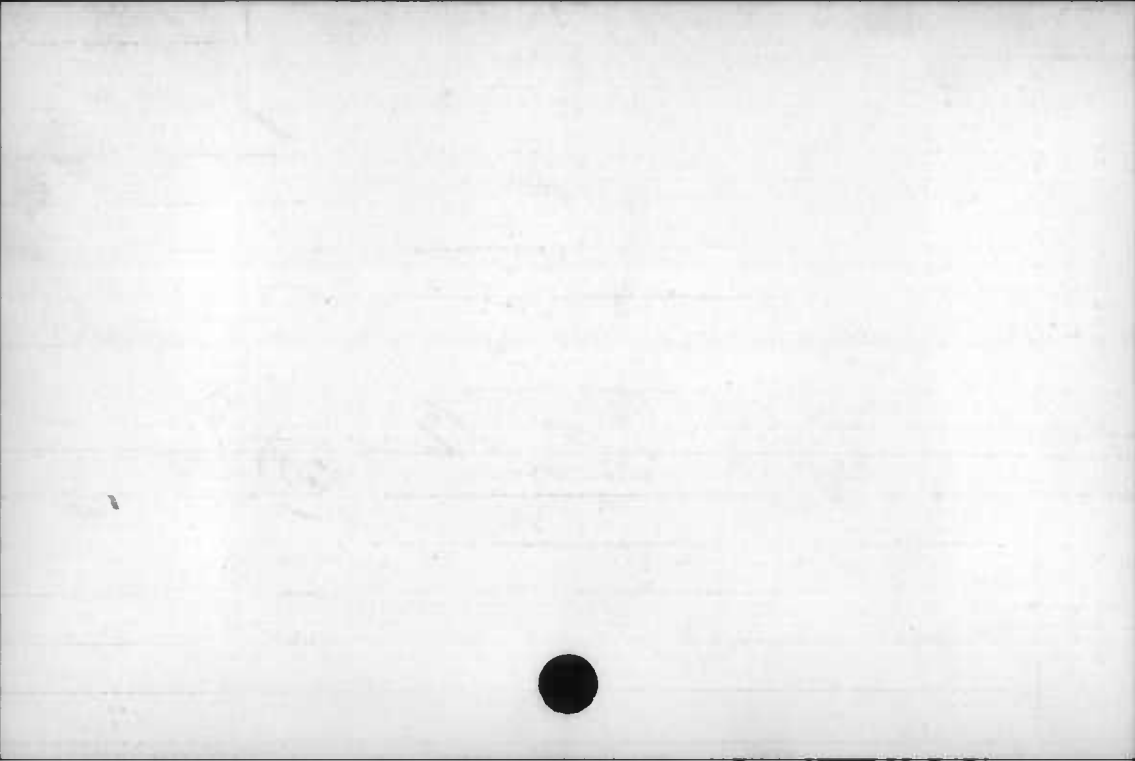
Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>2</i>	Age <i>54</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto</i>				
Occupation <i>Clergyman</i>			Where Residing if not at place of death <i>Washington, D.C.</i>				
Married , Single or Widowed			Name of Wife or Husband _____				
Father's Name <i>S. Hamilton Caughy</i>				Father's Birthplace <i>Balto.</i>			
Mother's Maiden Name <i>Alice Pendergast</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Miss Vertie Caughy</i>				How related to deceased <i>Sister.</i>			

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary <i>Myocarditis; Chronic Nephritis</i>	How long <i>1 yr (?)</i>
Immediate <i>Uremia.</i>	How long <i>3 days (?)</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Allen Graham M.D.</i>
	Address <i>St. Agnes Hospital.</i>
Accident or Suicide? <i>No.</i>	



Name in Full		Alexander Carr				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Phoenix		Balto		County	
	Date of death	1900	Feb.	18 th	Age	86	Years
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Laborer		Where Residing if not at place of death		at place of death	
	Married, Single or Widowed	Widower		Name of Wife Husband	Eliza D. Carr, Wright-		
	Father's Name	Unknown				Father's Birthplace	Ireland
	Mother's Maiden Name	Unknown				Mother's Birthplace	Ireland
	Name of person giving information	Mrs. P. R. Price.				How related to deceased	daughter
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Scurvy				How long	3 years
	Immediate	Valvular disease Heart				How long	2 months
	Are the name, age, sex, color, date and place correctly given, above?				Yes		
	Signature of Physician				Dr. W. B. Benson		
	Address				Cockaywith Md.		
Accident or Suicide?				Neither			

Poplar Creek.

Feb. 19.

Name
in
Full

Willie Chaffman
Died at Texas Town Balto. County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1960 Month 2 Day 12 Age 7 Years Months 7 Days

Sex Male Color or Race white Birth-place Texas Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Joseph D. Chaffman Father's Birthplace Chesnut Ridge Md

Mother's Maiden Name Annie T. Concaumon Mother's Birthplace Pat. Deposit Md

Name of person giving information Joseph D. Chaffman How related to deceased Father

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 4 moos.

Immediate Tuberculosis Meningitis How long 9 days

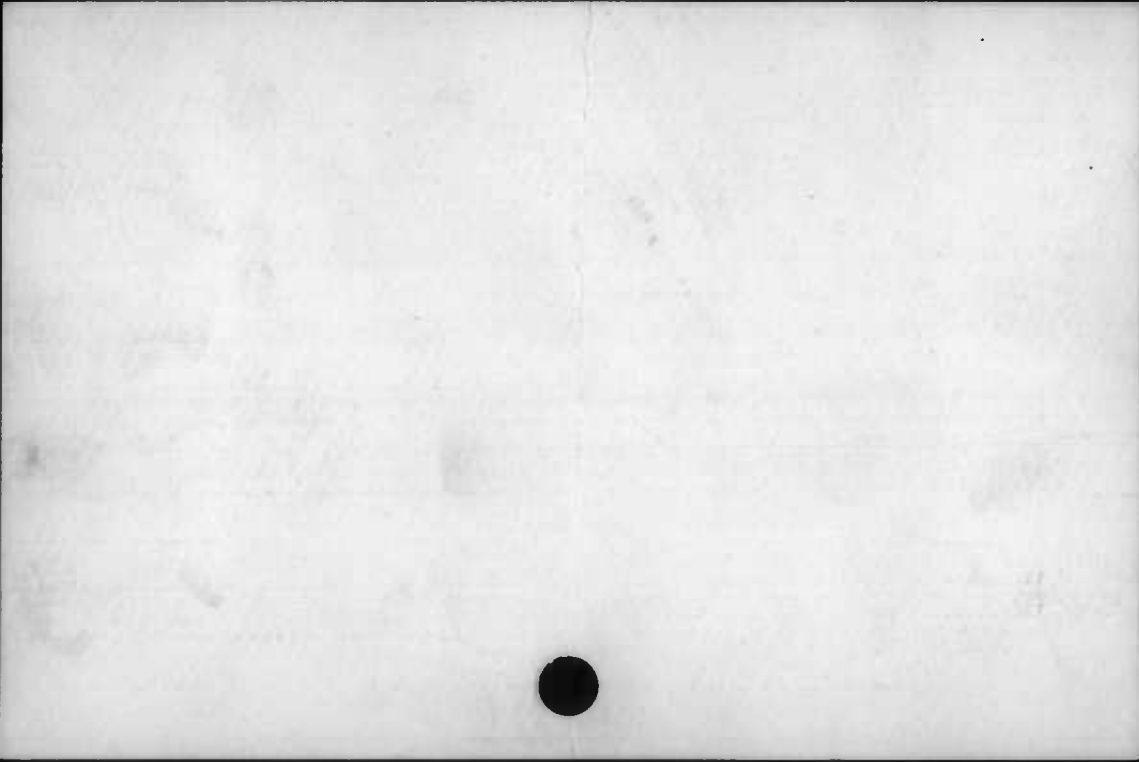
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. P. B. Bussky

Address Texas Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charles A Chenoweth.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
mt wiggins		Baltimore					
Date of death	1940	Month	Feb.	Day	27	Age	49
						Years	9
						Months	21
Sex	Male		Color or Race	white		Birth place	Green spring valley
Occupation	Laborer		Where Residing if not at place of death		mt wiggins		
Married, Single or Widowed	Single		Name of Wife or Husband		Single		
Father's Name	Geo Chenoweth				Father's Birthplace	Balt co.	
Mother's Maiden Name	Ruth M. Moran				Mother's Birthplace	Balt co.	
Name of person giving Information	Arthur Chenoweth				How related to deceased	brother.	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	2 years
Immediate	Cerebral Hemorrhage	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. J. L. L. L.
		Address	mt wiggins
Accident or Suicide			mt 13

St Thomas Cemetery

Nicholas J. Enik.

undertaker

Name
in
Full

Saddie Valiant Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lakeland</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1900</i>	Month <i>Feb.</i>	Day <i>16</i>	Age <i>no</i>	Months <i>2</i>	Days <i>16</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Lakeland</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Lakeland</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>infant</i>				
Father's Name <i>John A. Collins</i>	Father's Birthplace <i>St Michaels</i>				
Mother's Maiden Name <i>Louise Steinbacher</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>John A. Collins</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 day</i>
Immediate <i>Pneumonia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Russell</i>
	Address <i>St Michaels</i>
Accident or Suicide?	<i>med</i>

E Schloman & Son.
Western Cemetery.

Name
in
FullMichael Concaunon
Tcwn *Texas* County *Ballo*

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death *1900* Month *2* Day *11* Age *1* Years *12* Months *1* Days *12*Sex *Male* Color or Race *White* Birth-place *Texas*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Eduard Concaunon*Father's Birthplace *Texas Md*Mother's Maiden Name *Margaret Wilhelm*Mother's Birthplace *Dorchester Co*Name of person giving information *Eduard Concaunon*How related to deceased *Father Md*

CAUSES OF DEATH

179 ✓

Primary

How long

Immediate *Natural Cause*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Had no physician**D. T. C. Bussey*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at

Lepus Feb. 12th 1910

Mr. C. Brooks

Name
in
Full

Mary Elizabeth Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} West Forest Park ^{County} Baltimore, MARYLAND

Date of death 1990 ^{Month} Feb. ^{Day} 24 Age ^{Years} 51 ^{Months} — ^{Days} —

Sex Female Color or Race W. Birth-place Baltimore

Occupation none Where Residing if not at place of death 4404 Maine Ave.

Married, ~~Single~~ M. Name of Wife or Husband John Cox

Father's Name Geo. Worick. Father's Birthplace Md.

Mother's Maiden Name not known Mother's Birthplace —

Name of person giving Information John Cox. How related to deceased husband

CAUSES OF DEATH

41 ✓

PHYSICIAN
OR CORONER

Primary Cancer of Sigmoid & Rectum How long nine months

Immediate Toxemia How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. M. Stevenson

Address 1022 W. Lafayette Ave.
Baltimore, Md.

Accident or Suicide No

Geo. Smith
1000 W. Fayette St.
Grand Ridge Cemetery.

Name
in
Full

Croft - Infant

CERTIFICATE OF DEATH

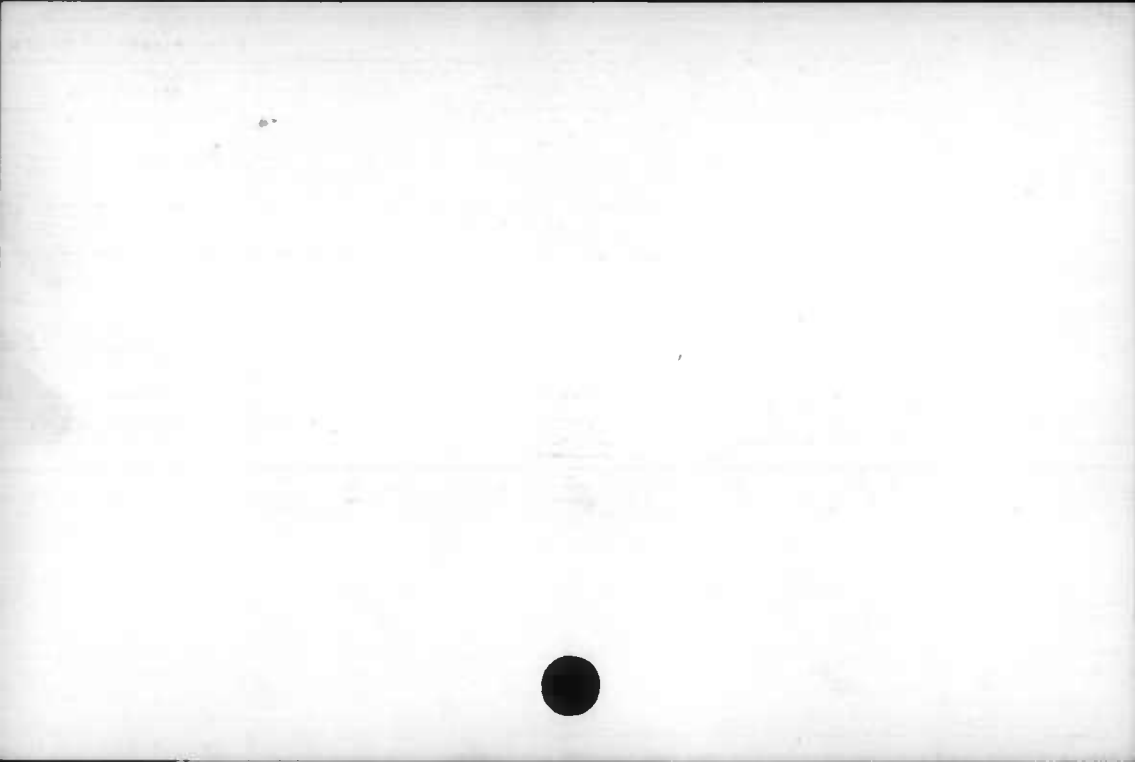
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gardenville</u> ^{Town}		<u>Balt</u> ^{County}		MARYLAND	
Date of death <u>1900</u>	Month <u>2</u>	Day <u>5</u>	Age <u>0</u>	Months <u>0</u>	Days <u>0</u>
Sex <u>F</u>	Color or Race <u>Wh</u>		Birth-place <u>Gardenville</u>		
Occupation <u>X</u>			Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed <u>X</u>		Name of Wife or Husband <u>X</u>			
Father's Name <u>W.S. Croft</u>			Father's Birthplace <u>Pa.</u>		
Mother's Maiden Name <u>Sarah G. Mc Gann</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving Information <u>Sarah A. Croft</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Asphyxia during birth</u>	How long <u>X</u>
Immediate	<u>Same</u>	How long <u>X</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>A. L. Wilkinson</u>
		Address <u>Raspeburg</u>
Accident or Suicide	<u>Accident</u>	



Name
in
Full

George T. Cross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town' <i>Hamilton</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>Feb</i>	Day <i>12</i>	Age <i>47</i>	Years	Months <i>11</i>	Days <i>29</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore</i>
Occupation	<i>Traveling Salesman</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Bessie E. Cross</i>			
Father's Name	<i>Thomas Cross</i>				Father's Birthplace	<i>England</i>	
Mother's Maiden Name	<i>Elizabeth Ratcliffe</i>				Mother's Birthplace	<i>England</i>	
Name of person giving information	<i>Bessie E. Cross</i>				How related to deceased	<i>Wife</i>	

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	<i>Tumor of brain</i>		How long	<i>3 mo. 15 days.</i>
Immediate	<i>Exhaustion pneumonia.</i>		How long	<i>2 1/2 days.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Condition came on rather rapidly following a fall said to have been an accident or suicide?		<i>Oct 29 - 1909.</i>		
Signature of Physician		<i>E. L. Whitney M.D.</i>		
Address		<i>1103 Linden Ave. Balt. Md.</i>		

Girkler & Girkler
1739 E. Eager St
Bonnie Brae Beauty.
Feb. 16, 1910.

Name
in
Full

Ceciline Courtis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

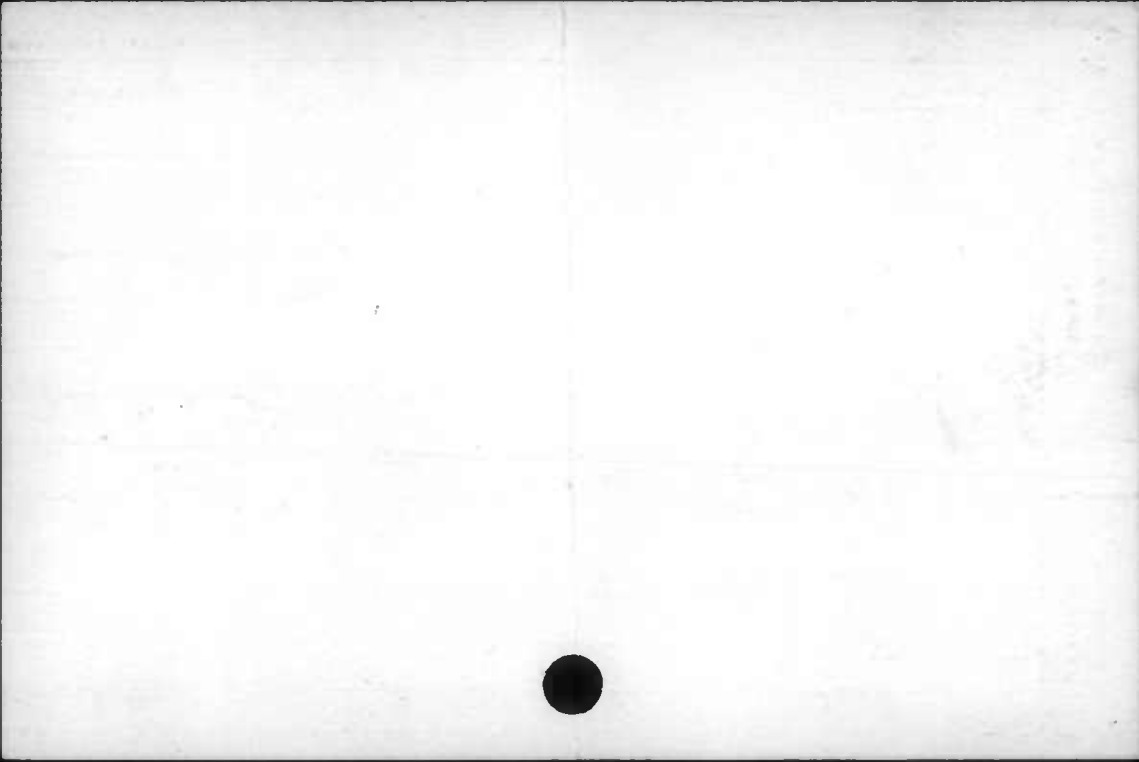
Died at <i>Midah River</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death <i>1960</i>	<i>July</i> ^{Month}	<i>6</i> ^{Day}	Age <i>33</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Me</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>James Courtis</i>		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>James Courtis</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Aortic Regurgitation</i>	How long <i>6 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Loveless</i>
	Address <i>Prosswell</i>
Accident or Suicide	

79



Name
in
Full

Thomas Clarendon

CERTIFICATE OF DEATH

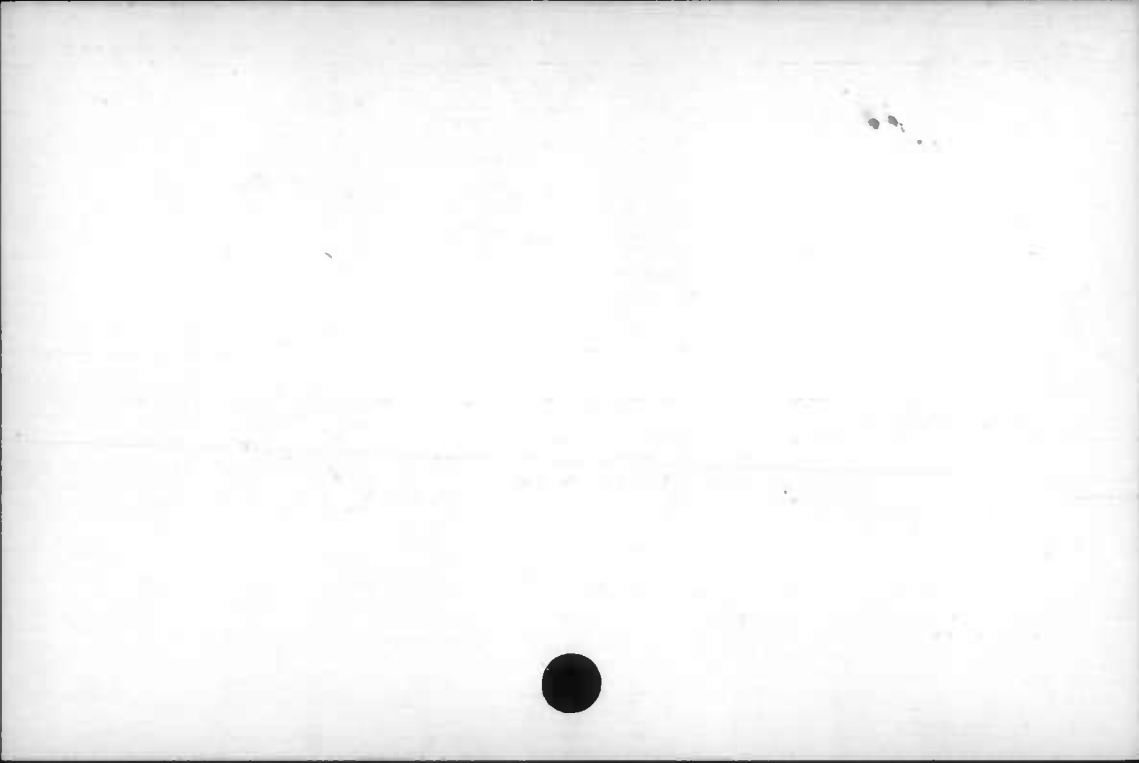
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Harrons Point		Baltimore					
Date of death		Month	Day	Age	Years	Months	Days
1900		Feb	10	25			
Sex		Color or Race		Birth-place			
Male		Negro		Va.			
Occupation				Where Residing if not at place of death			
Laborer				Harrons Point			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Unknown				Unknown			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Unknown			
Name of person giving Information				How related to deceased			
Jas Blair				None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
		(166) (174) ✓	
Immediate		How long	
Caught in gear wheels			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Jas Blair J.P.	
		Address	
		Harrons Point Md	
Accident or Suicide			
Accident			



Name
in
Full

Cora Davis

CERTIFICATE OF DEATH

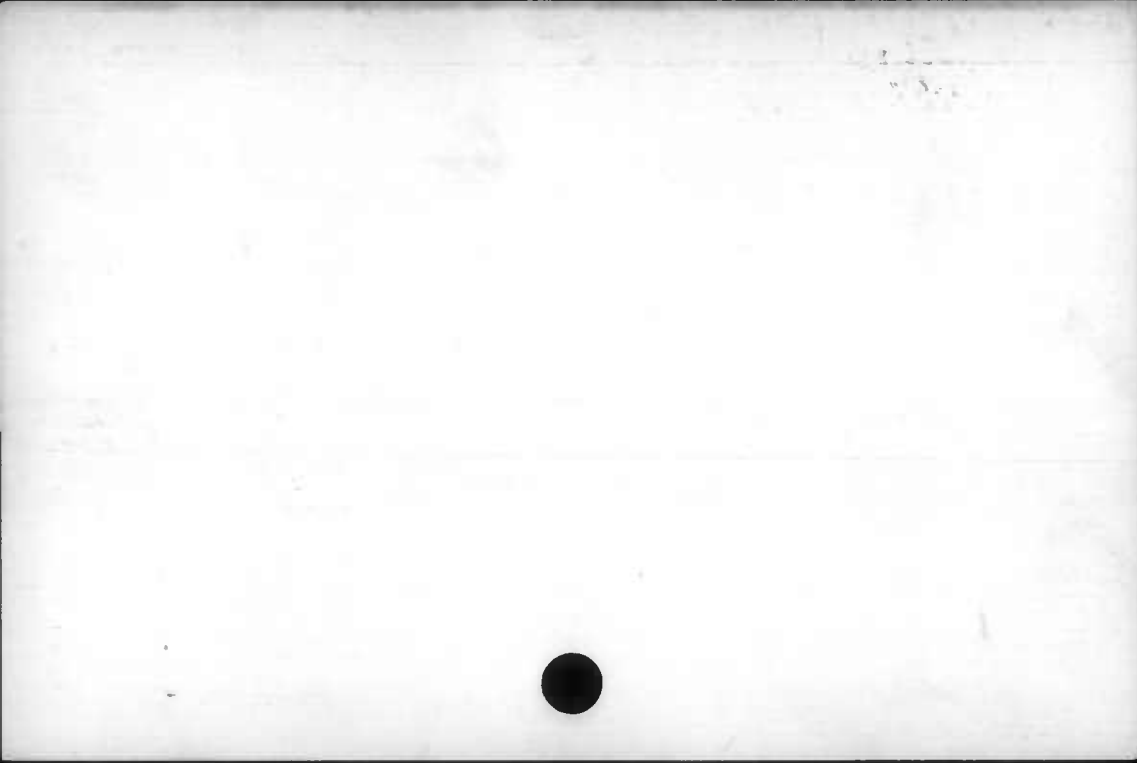
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rock, Md Hope Retreat</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1980</u> ^{Month} <u>Feb</u> ^{Day} <u>8th</u>		Age <u>27</u> ^{Years}		<u>not known</u> ^{Months} <u>not known</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Md.</u>	
Occupation <u>none</u>		Where Residing if not at place of death <u>Middletown Md.</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____			
Father's Name <u>not known</u>		Father's Birthplace <u>not known</u>			
Mother's Maiden Name <u>" "</u>		Mother's Birthplace <u>" "</u>			
Name of person giving Information <u>Rock, Md Hope Retreat</u>		How related to deceased <u>not at all</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Dementia -</u>		How long <u>over 11 yrs -</u>
Immediate <u>Ex. Chronic Gastritis</u>		How long <u>abt 1 year</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Frank J. Cauley</u>
		Address <u>Md Hope Retreat</u> <u>Md Hope Md.</u>
Accident or Suicide <u>_____</u>		



Name
in
Full

Laura E. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Oella				Barto.			
Date of death	1900	Month	Feb.	Day	15	Age	33
Sex	Female	Color or Race	White	Birth-place	Ind.	Months	no
Occupation	Housekeeper	Where Residing if not at place of death	Oella	Days	no		
Married, Single or Widowed	Married	Name of Wife or Husband	James A. Davis				
Father's Name	Alex. Jenkins	Father's Birthplace	Va.				
Mother's Maiden Name	Magtha Pitcher	Mother's Birthplace	Va.				
Name of person giving Information	James A Davis	How related to deceased	Husband				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 yrs.
Immediate	Asthma	How long	4 weeks
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician	Marshall B. West
		Address	Cotonsville Ind.
Accident or Suicide			

Eastons Sons.

St Johns Cemetery.

Name
in
Full

Frank Deless

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town} <i>Balto.</i> ^{County}		MARYLAND	
Date of death 19 <i>40</i> ^{Month} <i>Feb.</i> ^{Day} <i>3rd</i> ^{Years}	Age	^{Months} <i>11</i>	^{Days} <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto City</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>700 S. Second St.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Peter Deless</i>	Father's Birthplace <i>Balto Md.</i>		
Mother's Maiden Name <i>Bessie Walker</i>	Mother's Birthplace <i>Virginia</i>		
Name of person giving Information <i>Peter Deless</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bunch Pneumonia</i>	(91) ✓ How long <i>one week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Q. Long</i>
	Address <i>2429 Fruit Ave</i>
Accident or Suicide	

Schwartz Cemetery
Feb. 5th 1910

Lilly and Geiler,
Undertakers

Name
in
Full

Ida Diggs

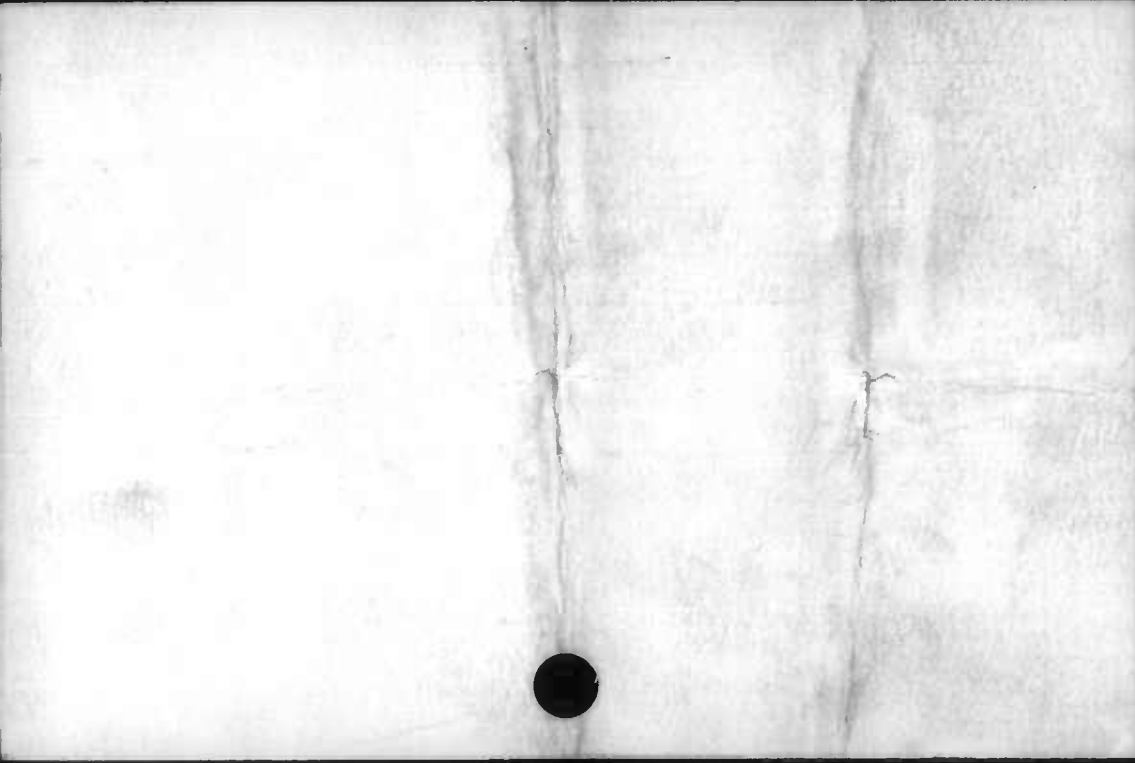
CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Lanisdome		Baltimore					
Date of death	Month	Day	Age	Years	Months	Days	
1900	Feb.	7	no	no	3	no	
Sex	Color or Race	Birth-place					
female	colored	Lanisdome					
Occupation	Where Residing if not at place of death						
none	Lanisdome						
Married, Single or Widowed	Name of Wife or Husband						
infant	infant						
Father's Name	Father's Birthplace						
Ellis Diggs	upper marboro						
Mother's Maiden Name	Mother's Birthplace						
Mary S. Thomas	Charles co. md.						
Name of person giving Information	How related to deceased						
Ellis Diggs	father						

CAUSES OF DEATH

Primary	Pneumonia	How long	6 days
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		[Signature]	
Address		[Address]	
Accident or Suicide		[Address]	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Infant of Theresa Dobrony

Town

County

MARYLAND

Died at

Granger

Balto

Date

of death

1980

Month

Oct

Day

27

Age

Years

Months

Days

5

Sex

Male

Color or
Race

White

Birth-
place

Balto

Occupation

None

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Theresa Dobrony

Mother's
Birthplace

Balto

Name of person giving
Information

Theresa Dobrony

How related
to deceased

Mother

CAUSES OF DEATH

151

Primary

Transition

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

332 38 Balto

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

North Point M. E. Cemetery

March 1st 1910

Lilly and Zeiler
Undertakers

Name
in
Full

Rev. W. L. Dally

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

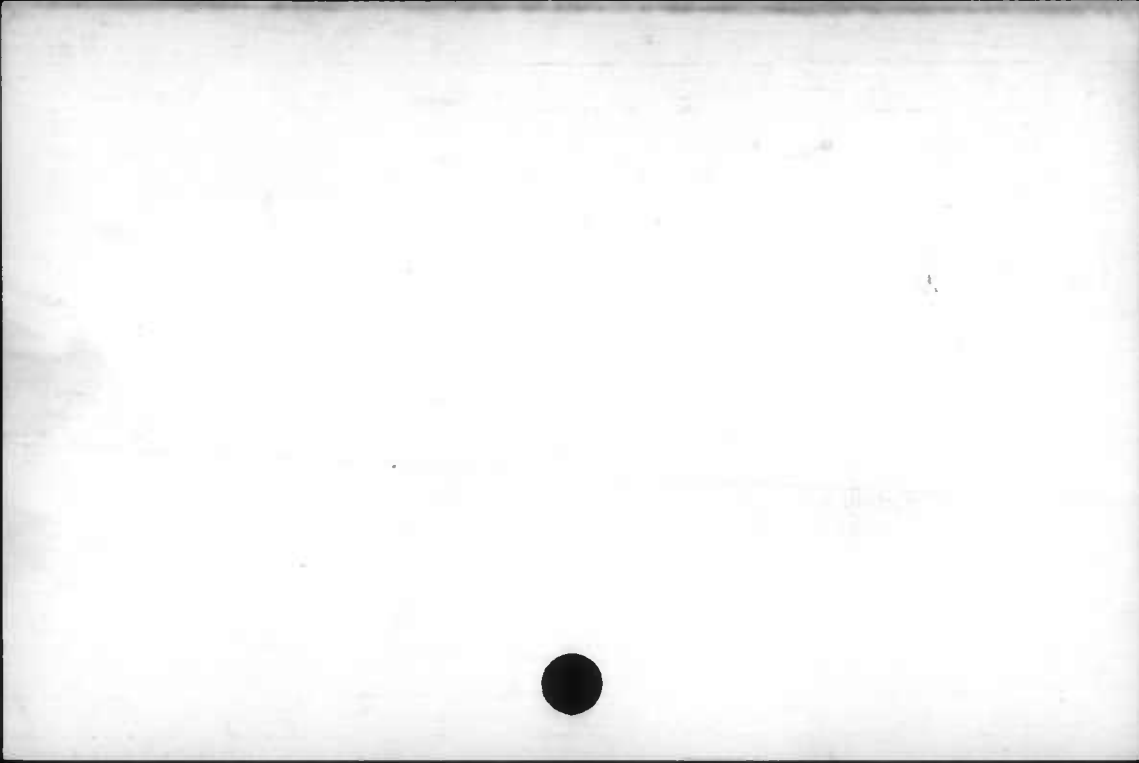
Died at ^{Town} <i>Mt Hope Retreat</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	^{Month} <i>Feb</i>	^{Day} <i>5th</i>	^{Years} <i>48</i>	^{Months} <i>not known</i>	^{Days} <i>not known</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Virginia</i>
Occupation	<i>Clergyman (Methodist)</i>		Where Residing if not at place of death	<i>Virginia</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>not known</i>		
Father's Name	<i>not known</i>			Father's Birthplace	<i>not known</i>
Mother's Maiden Name	<i>"</i>	<i>"</i>	Mother's Birthplace	<i>"</i>	<i>"</i>
Name of parson giving Information	<i>Reeds Mt Hope Retreat</i>			How related to deceased	<i>not at all</i>

CAUSES OF DEATH

(67) ✓

PHYSICIAN
OR CORONER

Primary	<i>Paresis Sen-</i>	How long	<i>4 or 5 yrs</i>
Immediate	<i>Ex-</i>	How long	<i>abt 2 wks.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Frank J. Flannery</i>
		Address	<i>[Redacted]</i>
Accident or Suicide			



Name
in
Full

Mary Drown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>86 Russell Cr. Mt Vernon</u>		County <u>Balt.</u>		MARYLAND	
Date of death <u>1910</u>	Month <u>7th</u>	Day <u>1</u>	Age <u>49</u>	Months <u>X</u>	Days <u>X</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Md</u>			
Occupation <u>Arb</u>		Where Residing if not at place of death <u> </u>			
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <u> </u>			
Father's Name <u>David Drown</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Jane Lee</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Charles Parker</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>4 da</u>
Immediate <u>Heart Failure</u>	How long <u>4 da</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. Parker</u>
	Address <u>914 S. Sharp St</u>
Accident or Suicide? <u> </u>	

John H. Woodruff.

Mt Auburn

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland Park</i> Town <i>Balto</i> County		MARYLAND	
Date of death <i>1960</i> Month <i>Feb</i> Day <i>6</i> Years <i>83</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Roland Park</i>		
Married, Single or Widowed	Name of Wife or Husband <i>Francis J. Earp</i>		
Father's Name <i>Amos Earp</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Ellen Carey</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Francis J. Earp</i>	How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>1 month</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Duncan</i>
	Address <i>Goravestown</i>
Accident or Suicide <i>✓</i>	

Interment at St. Johns
Cemetery, near Ellicott's
City

Horace Burgee
Undertaker

Name
in
Full

Geo J Eckelberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pasadena* Town *Baltimore* County **MARYLAND**

Date of death 19*66* Month *2* Day *6* Age *66* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Carpenter* Where Residing if not at place of death *Pasadena*

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *"* Mother's Birthplace *"*

Name of person giving Information *Confederate Horn* How related to deceased

CAUSES OF DEATH

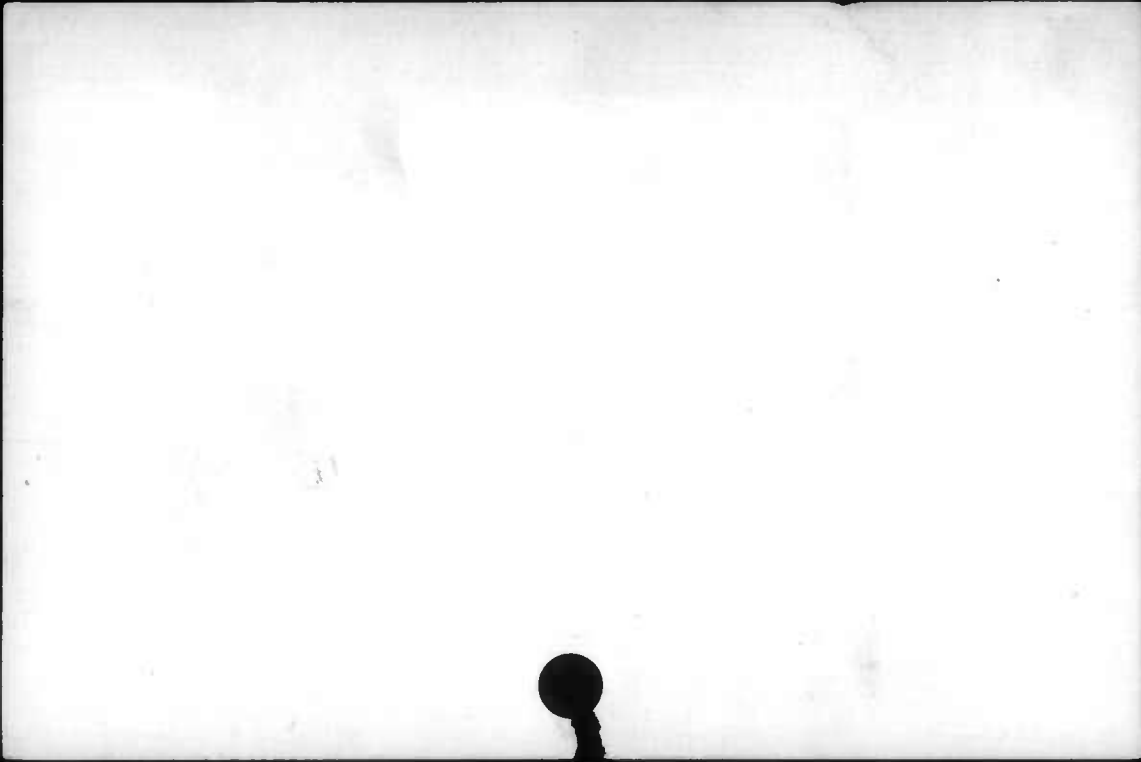
Primary *Cirrhosis of liver* How long *long / now*
Immediate *Exhaustion* How long *a few weeks*

Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *M. J. M.*

Address *Pasadena Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Chas. V. Erickson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sparrows Point		County Baltimore		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Feb.	10	25			
Sex		Color or Race		Birthplace			
Male		White		Md.			
Occupation				Where Residing if not at place of death			
Brakeman				Baltimore.			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Unknown				Unknown			
Mother's Maiden Name				Mother's Birthplace			
Unknown				Unknown			
Name of person giving Information				How related to deceased			
Jos Blair				None			

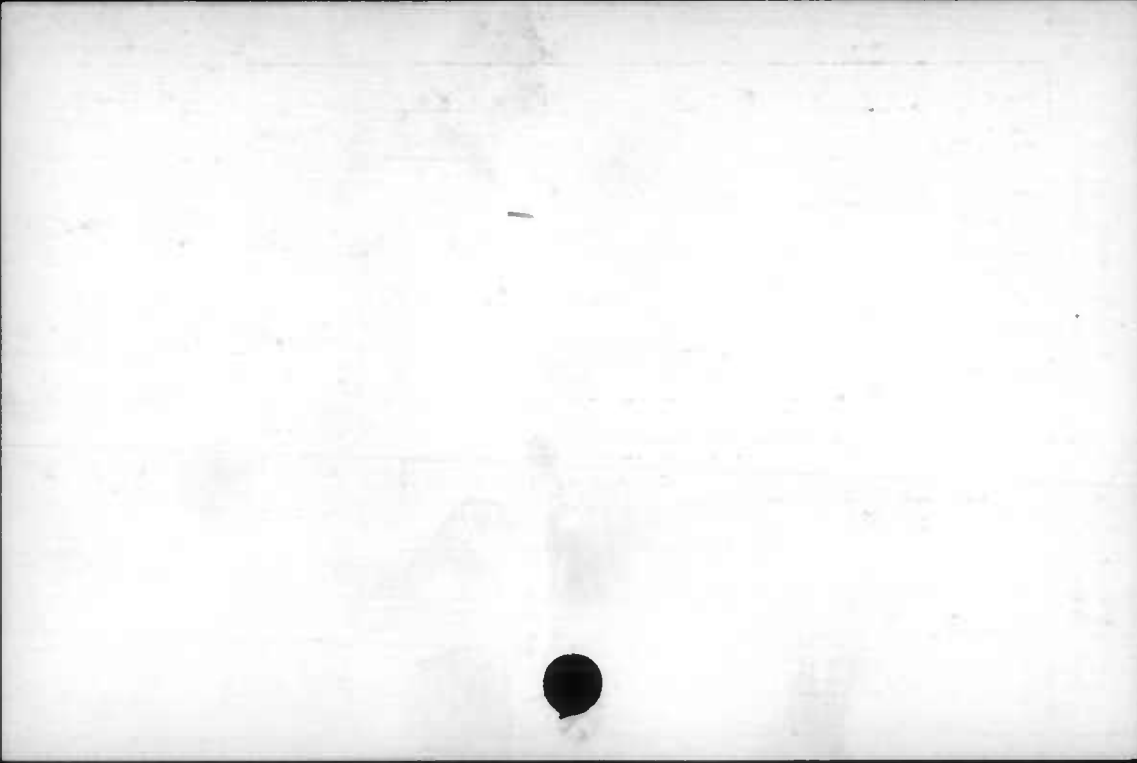
CAUSES OF DEATH

#66

176

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Crushed between cars			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Jos Blair J.P.	
		Address	
		Sparrows Point	
Accident or Suicide		Md 15	
Accident			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Charles E. Estes
Bayview Junction, Baltimore County

MARYLAND

Date

of death

1910

Month

Feb

Day

1st

Age

Years

21

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

Barker

Where Residing if not
at place of death

Washington D.C.

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

None

How related
to deceased

None

CAUSES OF DEATH

Primary

Struck by R. R. Train

How long

46 175

Immediate

How long

None

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. S. Seiden M.D.
3323 4th Ball St

Accident or Suicide

PHYSICIAN
OR CORONER

Wm J. Tickner & Sons
Camden & Passaic

To Washington St N

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Frederick Theresa* Town *Leatonsville* County *Putt*
Died at *Leatonsville* *Putt* MARYLAND
Date of death *1960 Feb 12* Age *32* Months Days
Sex *Female* Color or Race *white* Birth-place *Germany*
Occupation *Housewife* Where Residing if not at place of death ☒
Married, Single or Widowed *Married* Name of Wife or Husband *unk.*
Father's Name *unk* Father's Birthplace *unk*
Mother's Maiden Name *unk* Mother's Birthplace *unk*
Name of person giving Information *—* How related to deceased *—*

CAUSES OF DEATH

Primary

Terminal Dementia

How long

1 yr

Immediate

Pulmonary Tuberculosis

How long

6 mos.

Are the name, age, sex, color, data and place correctly given above?

Yes

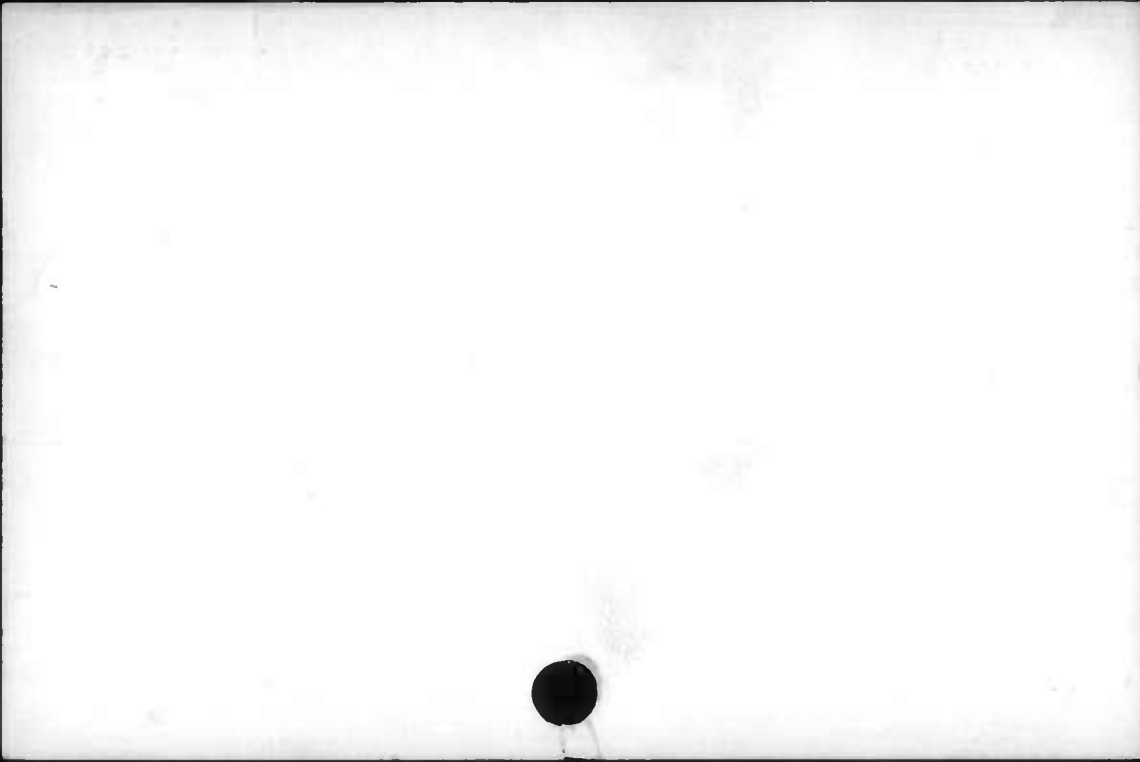
Signature of Physician

Address

Perry Wade
*Leatonsville, Md*PHYSICIAN
OR CORONER

Accident or Suicide

No.



Name
in
Full

Albert H Fetterhoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Greencastle		County Franklin		State Pa	
Date of death	19	Month Feb	Day 17	Age 68	Years 6	Months 5	Days
Sex	Male		Color or Race	White		Birth- place	Franklin Co Pa
Occupation	Farmer			Where Residing if not at place of death Greencastle Pa			
Married, Single or Widowed	Single			Name of Wife or Husband Anna Fetterhoff			
Father's Name	Jacob Fetterhoff			Father's Birthplace Franklin Co Pa			
Mother's Maiden Name	Fahmy			Mother's Birthplace Franklin Co Pa			
Name of person giving information	Albert Fetterhoff			How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Neuritis & Enteral Chorea	How long	Two years
Immediate	Paralysis	How long	7 mo
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm Z Fetterhoff
		Address	1130 W 20 Fugate Ave Baltimore Md
Accident or Suicide?	No		

120

Brinny & Bast
undertakers

Name
in
Full

Edward Elsworth Fox

CERTIFICATE OF DEATH

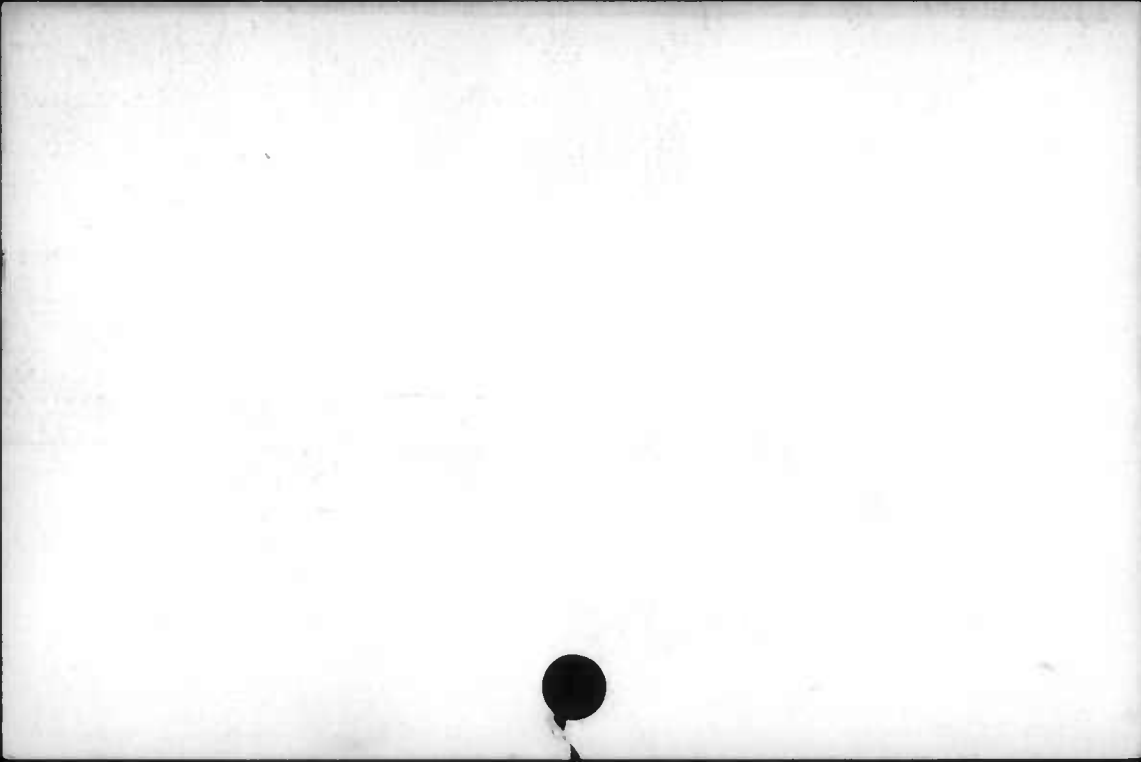
Died at		Town		County		MARYLAND	
Pleasant Hill		Baltimore					
Date of death	1900	Month	Feb	Day	11	Years	Age 47
Sex		Male		Color or Race		White	
Occupation		Carpenter		Birth-place		Pleasant Hill	
Married, Single or Widowed		Married		Where Residing if not at place of death		Pleasant Hill	
Father's Name		George Fox		Name of Wife or Husband		Kate S. Fox	
Mother's Maiden Name		Susan Brown		Father's Birthplace		New Jersey	
Name of person giving Information		Kate S. Fox		Mother's Birthplace		Baltimore Co	
				How related to deceased		Wife	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Hodgkins Disease	How long	53	5 years
Immediate	Heart failure	How long		a few hours
Are the name, age, sex, color, data and place correctly given above?		yes		
Signature of Physician		W. H. Campbell		
Address		Elwings Mills, Md.		
Accident or Suicide				

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Infant of Samuel H. & Mary E. Fox

Died at Eccleston ^{Town} Baltimore ^{County} MARYLAND

Date of death 1960 ^{Month} 2 ^{Day} 16 Age ^{Years} — ^{Months} — ^{Days} 7

Sex Female Color or Race White Birthplace Eccleston

Occupation — Where Residing if not at place of death Eccleston

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Samuel H. Fox Father's Birthplace Md

Mother's Maiden Name Mary E. Vesel Mother's Birthplace Balt. City

Name of person giving Information Saml. H. Fox How related to deceased Father

CAUSES OF DEATH

Primary Congenital Debility 151 ✓ How long 7 days

Immediate Sepsis Neonatorum " "

Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician MOE Mrs

Address Pasadena Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. H. Knap
London Park Cemetery

"

Name
in
Full

Theresa M Traizer

CERTIFICATE OF DEATH

Died at Woodlawn Town Balto. County MARYLAND

Date of death 1940 Feb. 20 Age 36 Months 0 Days 0

Sex Female Color or Race White Birth-place Maryland

Occupation House Girl Where Residing if not at place of death Woodlawn

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name Joseph T Traizer Father's Birthplace Maryland

Mother's Maiden Name Susan Traizer Mother's Birthplace Maryland

Name of person giving Information Edward Traizer How related to deceased Brother

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 1 year

Immediate Cardiac Arrhythmia How long Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

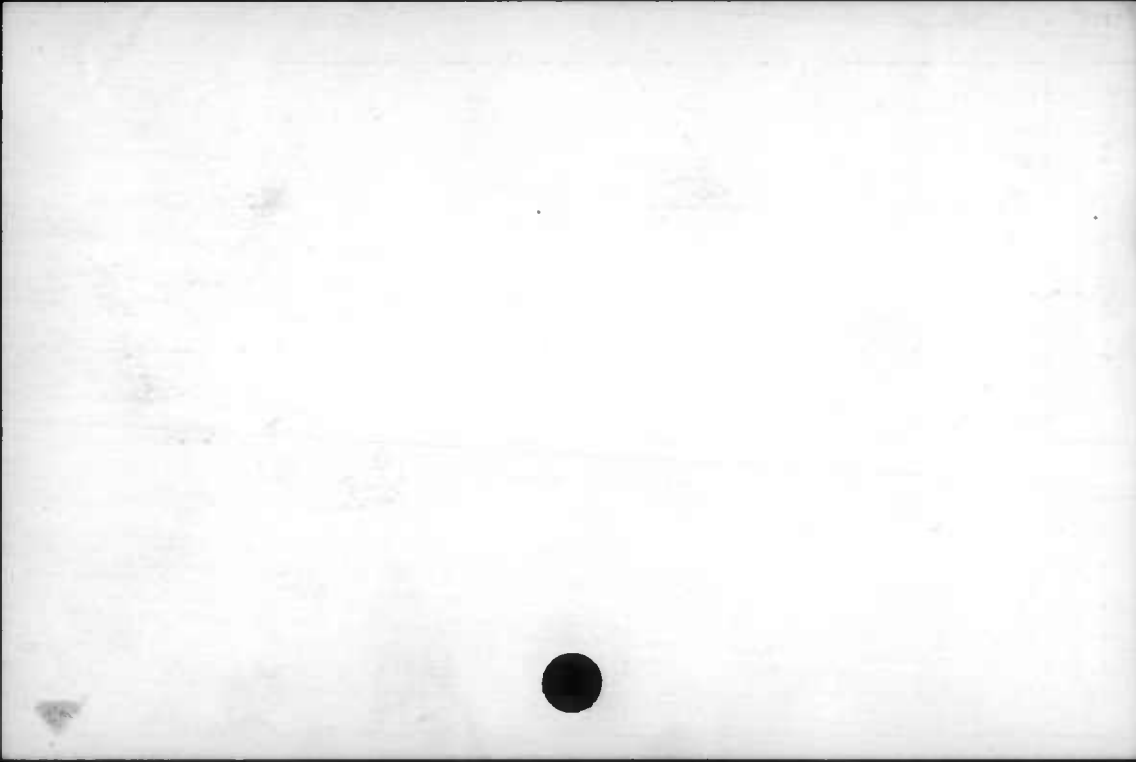
Signature of Physician

A. C. C. Dunning
West Front St

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Claude E. Lunk
 Died at *Highlandtown* ³⁻¹² *Clark's Mount* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death **1900** ^{Month} *Feb.* ^{Day} *13* ^{Years} *1* ^{Months} *1* ^{Days} *27* **Age** *1*

Sex *Male* Color or Race *White* Birth-place *Same*

Occupation *none* Where Residing if not at place of death

Married, Single or ~~Widowed~~ Name of Wife or Husband

Father's Name *Claude E. Lunk*

Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Annie Schader*

Mother's Birthplace *Baltimore*

Name of person giving Information *Claude E. Lunk*

How related to deceased *Father*

CAUSES OF DEATH

61

Primary *Acute Meningitis* How long *5-7 days*

Immediate *convulsions, Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. N. Atkey

*Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Oak Lawn
Henry J. Lee
2/13/10

Name
in
Full

Nellie Galiner

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rossville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 19 <i>10</i>	Month <i>February</i>	Day th <i>28</i>	Years <i>24</i>	Months <i>11</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore City</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Tailor</i>			
Name of Wife or Husband					
Father's Name <i>John Galiner</i>			Father's Birthplace <i>Russia</i>		
Mother's Maiden Name <i>Elisabeth Sokitis</i>			Mother's Birthplace <i>Russia</i>		
Name of person giving In formation. <i>Nella Galiner</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>5 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician 
	Address <i>William H. Haut Justice of the Peace</i>
Accident or Suicide?	

Interment at
Holy Redeemer
Fun. Co. 502 E. North Ave.
Mich 1/910

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Gebhard* Town *Hilandtown* County *Balto*
Died at *Hilandtown*
Date of death *1910* Month *2* Day *24* Age *87* Months *10* Days *17*
Sex *Male* Color or Race *White* Birth-place *Germany*
Occupation *Baker* Where Residing if not at place of death *940 S 3rd St*
Married, ~~Single~~ *Married* Name of Wife or Husband *Margaret Gebhard*
Father's Name *Nicholaus Gebhard* Father's Birthplace *Germany*
Mother's Maiden Name *Dont Know* Mother's Birthplace *Germany*
Name of person giving information *Margaret Gebhard* How related to deceased *wife*

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary *Chronic Interstitial Nephritis* How long *15 years*
Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Dr. F. A. Geantz

Address

3244 Eastern Ave.

Accident or Suicide?

William Cook
502 E. North Ave
Undertaker.

Funeral from 420 S Clinton St

Feb 26th 1910.

to
Trinity Cem.

Name
in
Full

CERTIFICATE OF DEATH

Lillian Gehring
Died at *Ball's Woodlawn* *Balto* County

MARYLAND

Date of death 19*00* *Feb* *24* Age *1* *8* *29*
Month Day Year Months Days

Sex *Female* Color or Race *white* Birth-place *Balto Co*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *John H. Gehring* Father's Birthplace *Balto City*

Mother's Maiden Name *Annie J. Kapraun* Mother's Birthplace *" "*

Name of person giving Information *John H. Gehring* How related to deceased *Father*

CAUSES OF DEATH

(92)

Primary *Lobar Pneumonia* How long *10 days*

Immediate *Cardiac Arrhythmia* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. C. Smith*

Address *West Laurel Park*

Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jos B. Cook
New Cathedral Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

Geo. M. Sliss

MARYLAND

Died at ^{Town} Woodlawn ^{County} Balto.Date of death 19^{Month} 10 ^{Day} Feb ^{Years} 20 ^{Age} 27 ^{Months} 9 ^{Days} —Sex ^{Male} Color or Race ^{White} Birth-place ^{Balto.}Occupation ^{Trunk clk.} Where Residing if not at place of deathMarried, Single or Widowed ^{Single} Name of Wife or HusbandFather's Name ^{Wm Sliss}Father's Birthplace ^{Germany.}Mother's Maiden Name ^{Mrs. Berwager}Mother's Birthplace ^{Md}Name of person giving Information ^{Wm Sliss}How related to deceased ^{Brother}

CAUSES OF DEATH

Primary ^{Pulmonary Tuberculosis}How long ^{7 yrs}Immediate ^{Dyspnoea}How long ^{10 hrs.}Are the name, age, sex, color, date and place correctly given above? ^{Yes}

Signature of Physician

Address

^{Wesley Clark Md}
2202 Garrison Ave
Balto. Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Lorriane Cemetery

E. Schlomann & Son
1039 Hanover St

Name
in Full

Still-Born Goeller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at *Sparrows Point* Town *Balto.* County *MARYLAND*

Date of death *1900* Month *Feb* Day *17* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Sparrows Point*

Occupation *None* Where Residing if not at place of death *5 W. E. St. S.P. Md.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Adam Goeller* Father's Birthplace *Germany*

Mother's Maiden Name *Emma Elinger* Mother's Birthplace *Germany*

Name of person giving Information *Adam Goeller* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still-Born* How long *—*

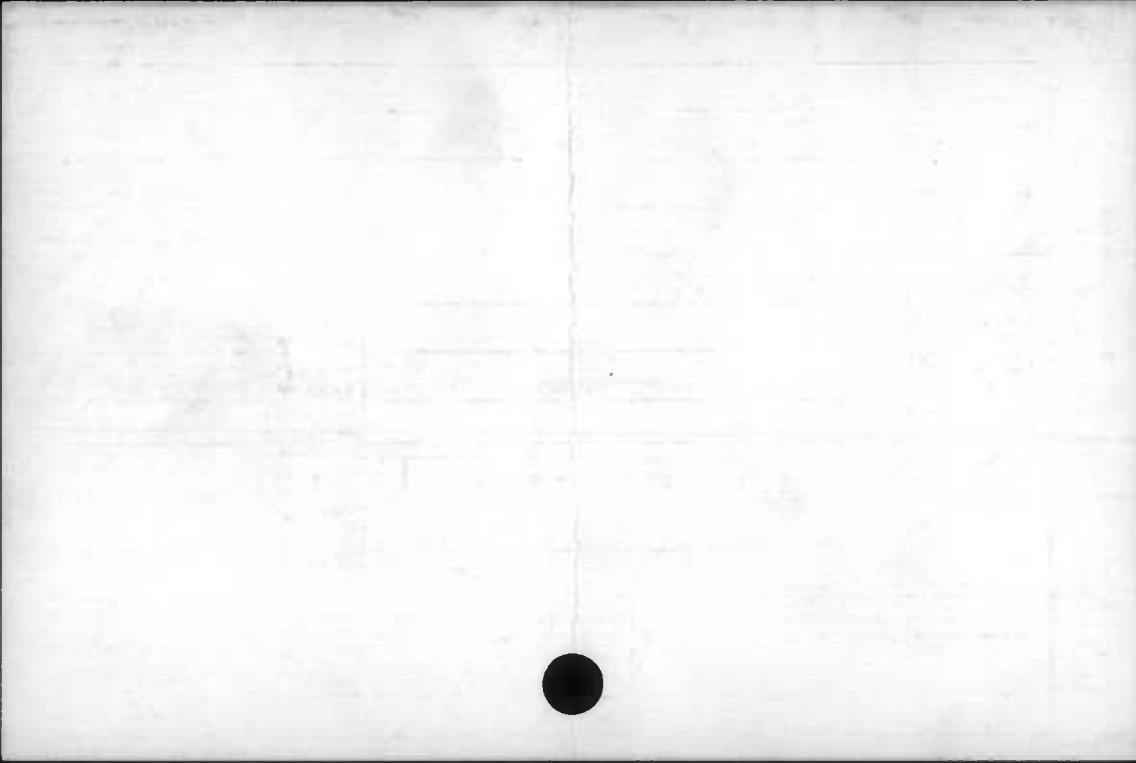
Immediate *Still-Born* How long *—*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *A. K. Peltzman M.D.*

Address *Sparrows Pt. Md.*

Accident or Suicide ☒



Name in Full *Louis Boyd Solckerman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

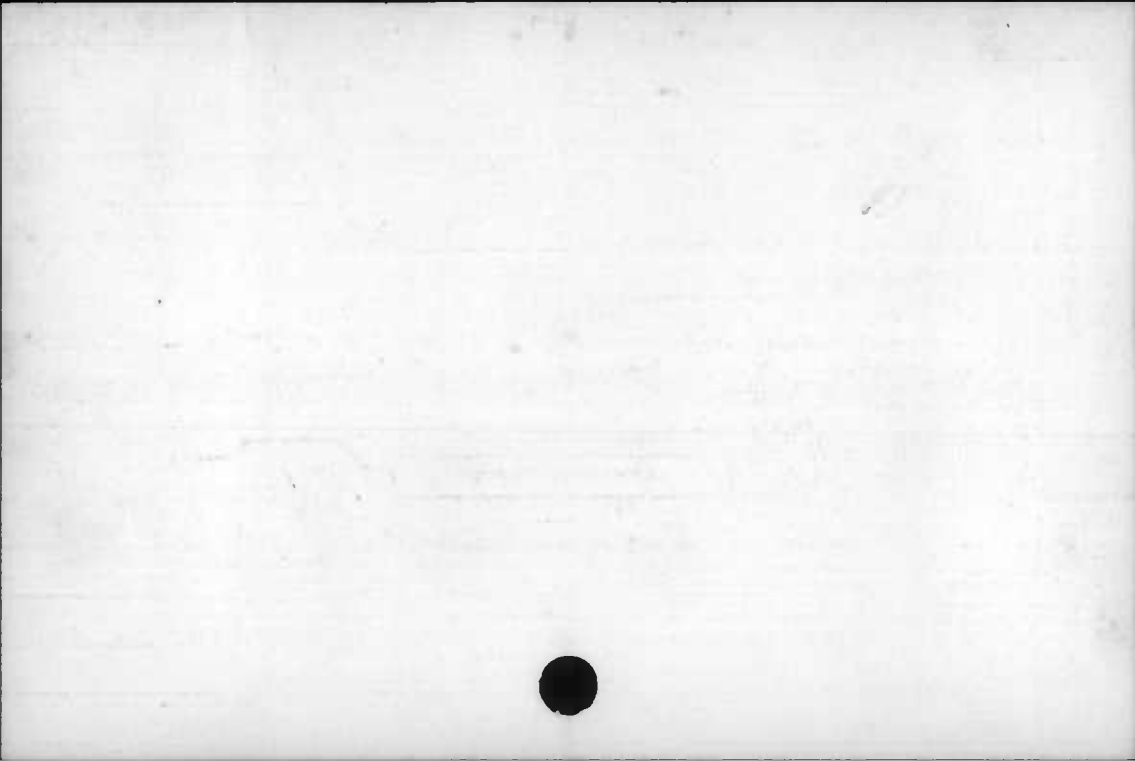
Died at <i>Baltimore</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1900</i>	<i>Feb.</i> ^{Month}	<i>22</i> ^{Day}	Age <i>4</i> ^{Years}	<i>3</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>Belair Rd + Cole Ave</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Louis B Solckerman</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Lillian Franklin</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Mrs Solckerman</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

27 ✓

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Spine (and Lungs)</i>	How long <i>4 yrs.</i>
Immediate <i>Osteomyelitis</i>	How long <i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Fred Y. Crauk</i>
<i>yes</i>	Address <i>Staggs Hospital</i>
Accident or Suicide? <i>no</i>	<i>Baltimore</i>



Name
in
Full

Walter. Grabowski.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sharon Point		County Baltimore.		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1991		2	16	30			
Sex		Color or Race		Birth place			
Male		White		Germany			
Occupation				Where Residing if not at place of death			
Laborer				1620 Lancaster St.			
Married, Single or Widowed		Name of Wife or Husband					
Single		Gillian Malecka.					
Father's Name				Father's Birthplace			
John Grabowski.				Germany.			
Mother's Maiden Name				Mother's Birthplace			
Mary Arczyszewska				Germany.			
Name of person giving Information				How related to deceased			
Gillian Grabowski.				Wife.			

CAUSES OF DEATH

Primary
Accident - fell down
hold of boat

How long

How long

Are the name, age, sex, color, date and place correctly given above?

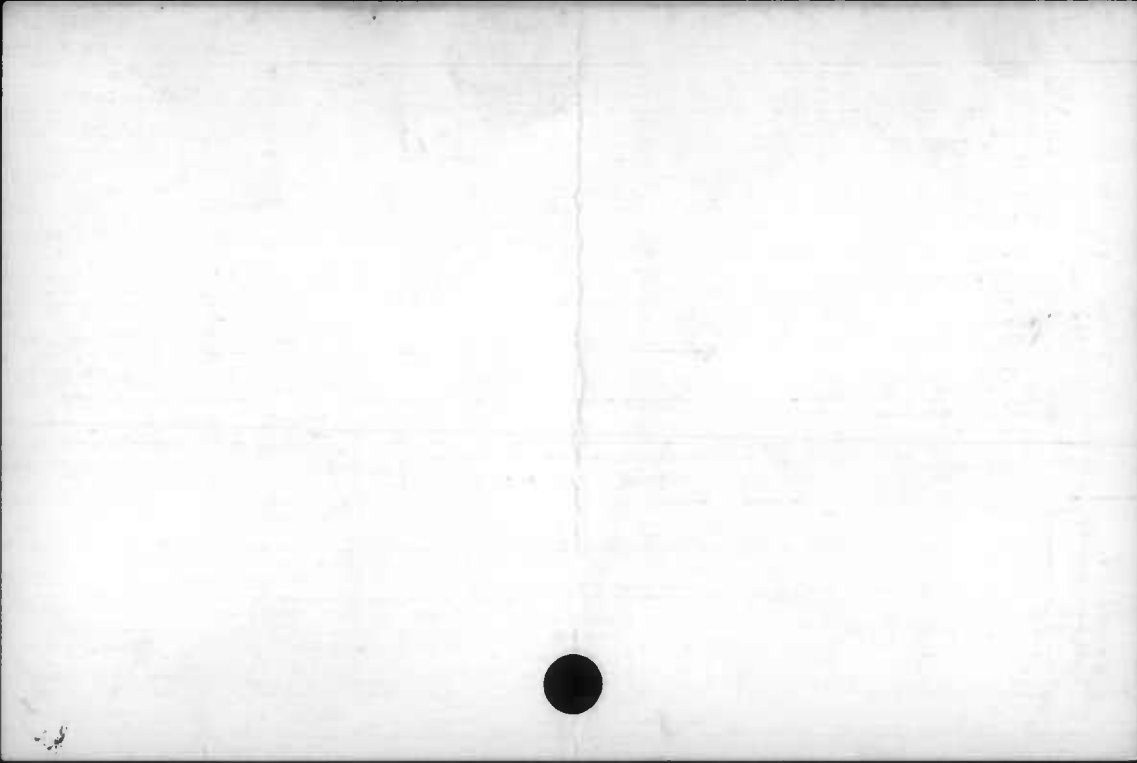
Signature of Physician

Address

Accident or Suicide

Accident

For Blair (coroner)
Sharon Point
md



Name
in
Full

CERTIFICATE OF DEATH

Infant of Henry A. & Mary E. Grasley

Died at *Hyattsville* Town *Baltimore* County **MARYLAND**
 Date of death 19*40* Month *Feb* Day *8* Age _____ Years _____ Months _____ Days *15*
 Sex *male* Color or Race *white* Birth-place *Maryland*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Henry A. Grasley*

Father's Birthplace *Towson*

Mother's Maiden Name *Mary E. Brooks*

Mother's Birthplace *Towson*

Name of person giving information *Henry A. Grasley*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Primative Bults*

How long *9k*

Immediate *Bronchial Pneumonia*

How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

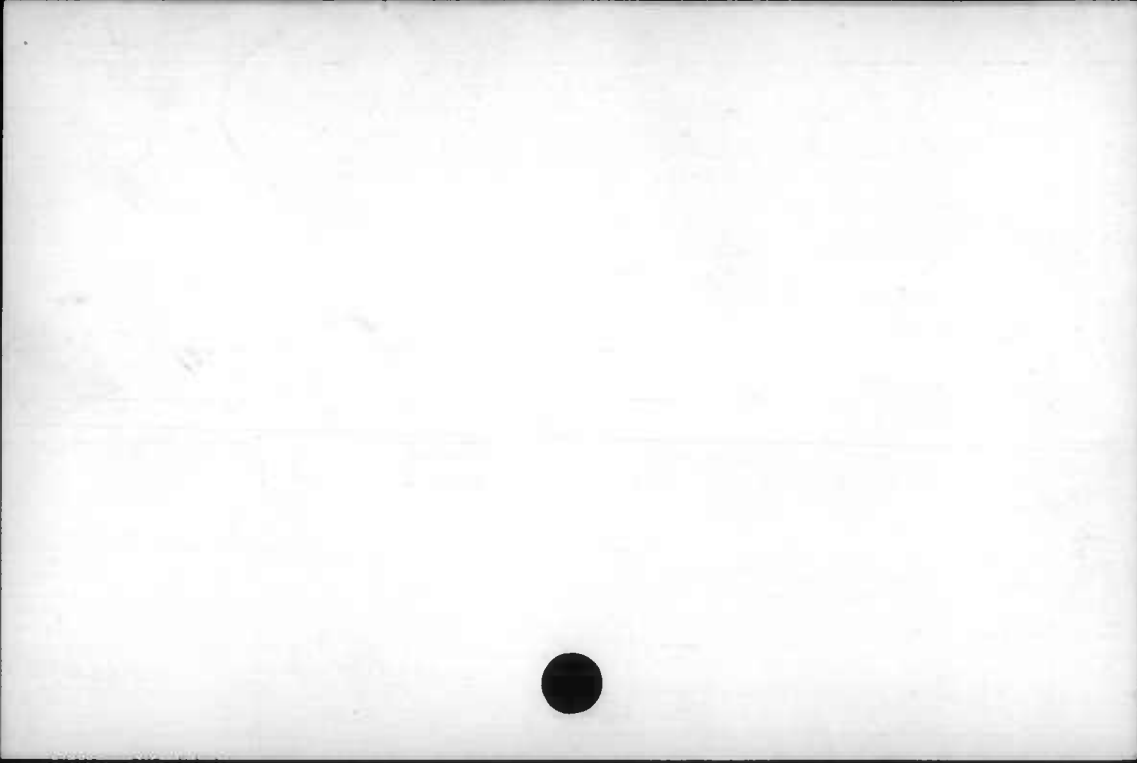
Address

*Wm. D. Hill, M.D.
5610 Piddle St.
Balto.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Baby. Greene

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Catonville Town Balto County MARYLAND
 Date of death 1990 Month Feb Day 12 Age 8 mos in Utero Months 8 Days 0
 Sex female Color or Race Colored Birth-place Balto Co
 Occupation none Where Residing if not at place of death Catonville
 Married, Single or Widowed Single Name of Wife or Husband none
 Father's Name Rubin Greene Father's Birthplace Howard Co
 Mother's Maiden Name Hatter Bell Mother's Birthplace Howard Co
 Name of person giving Information Rubin Greene How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary 8 months in Utero How long 8 months in Utero
 Immediate Had been dead about one week How long one week
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Marshall B. West.
 Address Catonville Md
 Accidental or Suicide Accidental

Mrs. C. Priest & Son.

O. O. O. of America.

Name
in
Full

Highland Gymbadini ~~Baltimore~~
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at 3310 E Lombard St Baltimore

Date

of death

1940

Month

Feb

Day

17

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Highland Baltimore

Occupation

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Frank Gymbadini

Father's
Birthplace

Italy

Mother's
Maiden Name

Jennie Barletti

Mother's
Birthplace

Italy

Name of person giving
Information

Frank Gymbadini

How related
to deceased

Father

CAUSES OF DEATH

Primary

Miscarriage from shock

How long

151

Immediate

How long

2 weeks ago

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Joseph Barrone M.D.
204 S. Greene Street

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. L. Schults Son

Date of burial

Feb 17 1910

Trinity cemetery

W. B. Carmel Road

Name
in
Full

William F. Haase

CERTIFICATE OF DEATH

Town

County

Died at

Hightstown

Balto.

MARYLAND

Date

of death 1900

Month

Feb.

Day

26

Age

Years

32

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Printer

Where Residing if not
at place of death

505 Seventh St.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Haase

Father's
Name

Louis E. Haase

Father's
Birthplace

Va

Mother's
Maiden Name

Anna Groth

Mother's
Birthplace

Germany

Name of person giving
Information

Anna Haase

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

Bronchitis

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. F. A. Glantz

Address

3244 Eastern Ave

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER

Robt J Turner
Undertaker

Trinity
Cemetery

March 1st - 1910 -

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

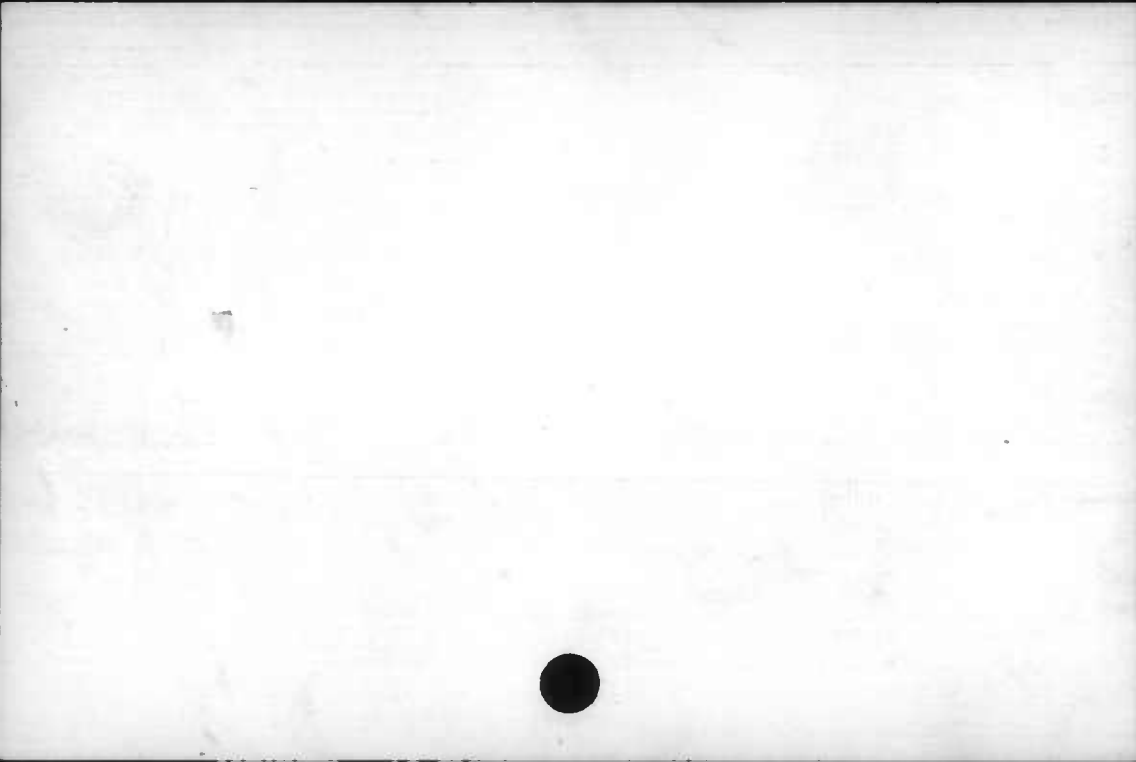
Died at <i>Summit Point</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1902	Month	Feb-	Day	27
Age	—		Years	Months	8
Sex	Male		Color or Race	Black	
Occupation	None		Birth-place	Summit Point	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Thurman Harr</i>			<i>N. C.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Helen Brown</i>			<i>Summit Point</i>		
Name of person giving Information			How related to deceased		
<i>Thurman Harr</i>			<i>Father</i>		

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>7 mo</i>
Immediate	<i>Pneumonia</i>	How long	<i>7 mo</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. C. Eldred M.D.</i>	
Address		<i>Summit Point Md</i>	
Accident or Suicide			



Name
in
Full

Irvin Hammelman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Clinton

Balto

MARYLAND

Date

of death

1909

Feb

Day

26

Age

12

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Balto

Occupation

School Child

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Louis Hammelman

Father's
Birthplace

Balto

Mother's
Maiden Name

Margaret Kessler

Mother's
Birthplace

Balto

Name of person giving
Information

Margaret Hammelman

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Cardiac Syncope

How long

178

188

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. S. Sudas D.
3353 E. Balto

Accident or Suicide

PHYSICIAN
OR CORONER

Holy Redeemer Cemetery
March 1st / 1910.

Lilly and Geiler
Undertakers.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Hannon* Town *Sparrow's pt.* County *Baltimore* MARYLAND

Died at *Sparrow's pt.* Date of death *1940* Month *Feb* Day *26* Age *40* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Laborer* Where Residing if not at place of death *Sparrow's pt.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *James Hannon* Father's Birthplace *Ireland*

Mother's Maiden Name *unknown* Mother's Birthplace *Ireland*

Name of person giving Information *Mrs. Jas. Long* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pleurisy* How long *6 days*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. K. Peltelcian M.D.
Sparrow's pt.
md.

Accident or Suicide

St. Patricks Com.

J Herwig + Jon

2/28/10

Name
in
Full

Barbara Hartman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Balt.</u> ^{County}		MARYLAND	
Date of death <u>1940</u>	Month <u>2</u>	Day <u>2</u>	Age <u>57</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Balt. Md.</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>609 S. East. Ave.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph. Hartman</u>				
Father's Name <u>Edward Seinkuhler</u>	Father's Birthplace <u>Germany.</u>				
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>"</u>				
Name of person giving Information <u>Joseph Hartman</u>	How related to deceased <u>Husband.</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Asthma</u>	How long <u>15 Years</u>
Immediate <u>Bronchitis</u>	How long <u>5 Weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. F. A. Glantz</u>
	Address <u>324 4 Eastern Ave.</u>
Accident or Suicide	

Lilly & Zeiler,
Sacred Heart Cemetery.
Feb. 5/1910.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Sparrow's Pt.* *Balto.*
Town CountyDate of death 19*10* *Feb.* *22* Age *49*
Month Day Years Months DaysSex *Male* Color or Race *White* Birth-place *England*Occupation *Iron Worker* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Hannah Hartnett*Father's Name *Michael Hartnett* Father's Birthplace *Ireland*Mother's Maiden Name *Julia Marion* Mother's Birthplace *" "*Name of person giving Information *Mrs. J. Hartnett* How related to deceased *Wife.*

CAUSES OF DEATH

Primary *Pneumonia* *92* How long *5 days*Immediate *Exhaustion* How long *24 hours*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

A. K. Pettetian
Sparrow's Pt.
Md.~~Accident or Suicide~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER

J. A. Moran
Aundutaber

St. Patrick's cemetery

Name in Full		Caroline Virginia Headington				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Reston		Baltimore		MARYLAND	
	Date of death	19	Feb	12	Age	69	Months — Days —
	Sex	Female		Color or Race	white		Birth-place
	Married, Single or Widowed		widow		Occupation		Howard Co Md
	Name of Wife or Husband		James V. Headington				
	Father's Name		Thomas G Davis		Father's Birthplace		Howard Co Md
	Mother's Maiden Name		Susan Hobbs		Mother's Birthplace		Howard Co Md
	Name of person giving information		William Headington		How related to deceased		Son
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(154) ✓</div>							
PHYSICIAN OR CORONER	Primary	General Debility				How long	1 yr.
	Immediate	Exhaustion				How long	1 mo.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		N. M. Slader
					Address		Reston term Md.
	Accident or Suicide?						

To be Buried at Woodlawn
Cemetery

Name
in
Full

Louis Hecker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington Road Int. Union Baltimore</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 19 <i>10</i>	Month <i>Feb.</i>	Day <i>12</i>	Age <i>34</i>	Years	Months <i>1</i>	Days <i>25</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Ind.</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Driver</i>					
Name of Wife or Husband							
Father's Name <i>William Hecker.</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Elizabeth Bonner</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Henry Hecker.</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Chronic Pulmonary Phthisis</i>	How long <i>about 1 year.</i>
Immediate <i>Cardiac Syncope</i>	How long <i>shortly progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes, to best of my knowledge</i>	Signature of Physician <i>Henry Waldschmidt M.D.</i>
Address <i>933 Hamover st. Balt. Md.</i>	
Accident or Suicidal? <i>No.</i>	<i>13</i>

M. & Mrs John H Tenzel
801 W. Fayette St.

Louis Hecker to be buried London Park,
Cemetery Feb. 14th 1910

Name
in
Full

Fannie Bay Heine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>213 oakdale Road</u> ^{Town} <u>Roland Park</u> ^{County} <u>Balto.</u>		MAYLAND	
Date of death <u>1940</u> ^{Month} <u>Feb</u> ^{Day} <u>7</u> ^{Years} <u>55</u>	^{Months} <u>10</u>	^{Days} <u>10</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Balto. Md</u>	
Occupation <u>Retired</u>	Where Residing if not at place of death <u>at Residence</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Oliver Bay</u>	Father's Birthplace <u>Balto</u>		
Mother's Maiden Name <u>Rachel Nowwood</u>	Mother's Birthplace <u>Balto. Co.</u>		
Name of person giving information <u>Fannie Bay Thompson</u>	How related to deceased <u>daughter</u>		

CAUSES OF DEATH

(50) ✓

PHYSICIAN
OR CORONER

Primary <u>Slighter Bright's disease</u>	How long <u>12 years 1 year</u>
Immediate <u>Cerebral hemorrhage</u>	How long <u>2 immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Gibson Porter</u>
	Address <u>Roland Park Md.</u>
Accident or Suicide? <u>No</u>	

E. Madison Mitchell
1201 W. Fayette St
Baltimore

Interment at
Druid Ridge Cemetery
Pikesville Balto. Co. Md.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Harris E Heimendahl* Town *Sheppard* County *Towson*

Died at *Sheppard & E P Hosp* *Balto*

Date of death 19*60* Month *Feb* Day *22* Age *51* Months *11* Days *27*

Sex *M* Color or Race *Wh* Birth-place *Germany*

Occupation *Musician (Teacher)* Where Residing if not at place of death *Baltimore*

Married, Single or Widowed *M* Name of Wife or Husband *Mrs Bessie (Bird) Heimendahl*

Father's Name *unknown* Father's Birthplace *Germany*

Mother's Maiden Name *unknown* Mother's Birthplace *Germany*

Name of person giving Information *E A Bruch* How related to deceased *Physn*

CAUSES OF DEATH

Primary *Tubo. Periton* How long *1 Year +*

Immediate *Exhaustion* How long *several weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E A Bruch* Address *Sheppard & E P Hosp*

Towson Md

Accident or Suicidal

Place of burial London Park Cemetery

Henry W. Jenkins & Sons Co

McCulloch & Orchard Sts.

Name
in
Full

Joseph B Herbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Towson		County Baltimore		MARYLAND	
Date of death	1910	Month 2	Day 28	Age	66	Months 3	Days 9
Sex	Male		Color or Race	White		Birth- place	Maryland
Occupation	Magistrate			Where Residing if not at place of death Towson			
Married, Single or Widowed	Married		Name of Wife or Husband	Kate Kretzer Herbert			
Father's Name	Gideon Herbert					Father's Birthplace	Maryland
Mother's Maiden Name	Elizabeth Fieldmyer					Mother's Birthplace	Maryland
Name of person giving Information	Mrs Thomas Murray					How related to deceased	Sister

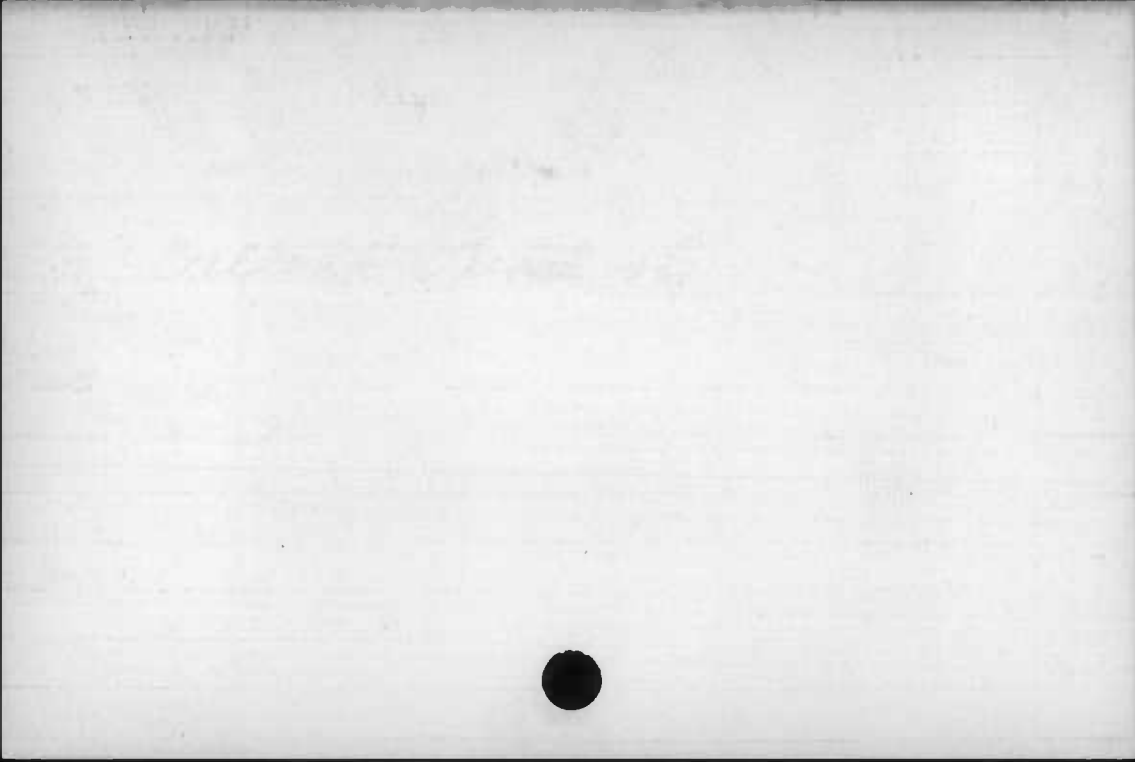
CAUSES OF DEATH

120

v

PHYSICIAN
OR CORONER

Primary	Bright's		How long	Years
Immediate	Uræmic Toxaemia, Coma		How long	6 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address Towson	
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Herbst* Town *Highlandtown* County *Balto.* MARYLAND

Died at *Highlandtown Balto.*

Date of death 19*90* Month *Feb* Day *6* Age *69* Months *8* Days *12*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Watchman* Where Residing if not at place of death *3827 Foster Ave*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary M. Herbst.*

Father's Name *Don't Know* Father's Birthplace *Germany*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving Information *Mary M. Herbst* How related to deceased *Wife*

CAUSES OF DEATH

120

Primary *Arterial Sclerosis Nephritis* How long *7 years*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

C. N. Olney
1902 Eastern Ave

Accident or Suicide

PHYSICIAN
OR CORONER

Sacred Heart Cemetery

Feb 10th 1910

Lilly and Beebe
Undertakers

Name
in
Full

Sallie A. Hickler

CERTIFICATE OF DEATH

Town

County

Died at

Highlandtown

Balto.

MARYLAND

Date

of death

1940

Month

Feb.

Day

8th

Years

Age 67

Months

Days

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Female

Color or
Race

White

Birth-
place

Talbert Co. Md.

Occupation

House Work.

Where Peading if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Huaband

Thos. H. Hickler Deceased

Father's
Name

Don't Know

Father's
Birthplace

Md

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
Information

May Bennett

How related
to deceased

Daughter.

CAUSES OF DEATH

64

Primary

Arterio sclerosis

How long

Two years

Immediate

Cerebral Hemorrhage

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. G. Runkle

Address

2000 E. Baltimore

PHYSICIAN
OR CORONER

Accident or Suicide

No

London Park
Cemetery
Feb 10th 1900

Lilly and Zeiler
Undertakers

Name
in
Full

Amos Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	19 <u>00</u>	Month <u>2</u>	Day <u>3</u>	Age <u>88</u>	Years <u>88</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Penna.</u>			
Occupation <u>Farmer Retired</u>	Where Residing if not at place of death <u>3508 Eastern Ave</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Nancy Hill</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Penna</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>George Hill</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

154

Primary	<u>old age</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>A. S. Warner M.D.</u>
		Address	<u>320 Highland Ave</u>
Accident or Suicide	<u>no</u>		

PHYSICIAN
OR CORONER

Dak Lamm born,

J. Hennigson

2/5/10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Hoff

Died at Oella Balto County MARYLAND

Date of death 1900 Feb. 22 Age 64 Months no Days no

Sex Male Color or Race White Birth-place Ind.

Occupation laborer Where Residing if not at place of death Oella

Married, Single or Widowed Married Name of Wife or Husband Nora Sisk

Father's Name Joseph Hoff Father's Birthplace Va

Mother's Maiden Name Joan Simbleton Mother's Birthplace Va

Name of person giving Information Nora Hoff How related to deceased Wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Valvular disease of heart

Immediate Valvular disease of heart

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. M. O. Rogers and

Address Elkton, Del.

Accident or Suicide no

Eastern Sons.

Oella Ametuf.

Name in Full *Laurentia Hogan*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

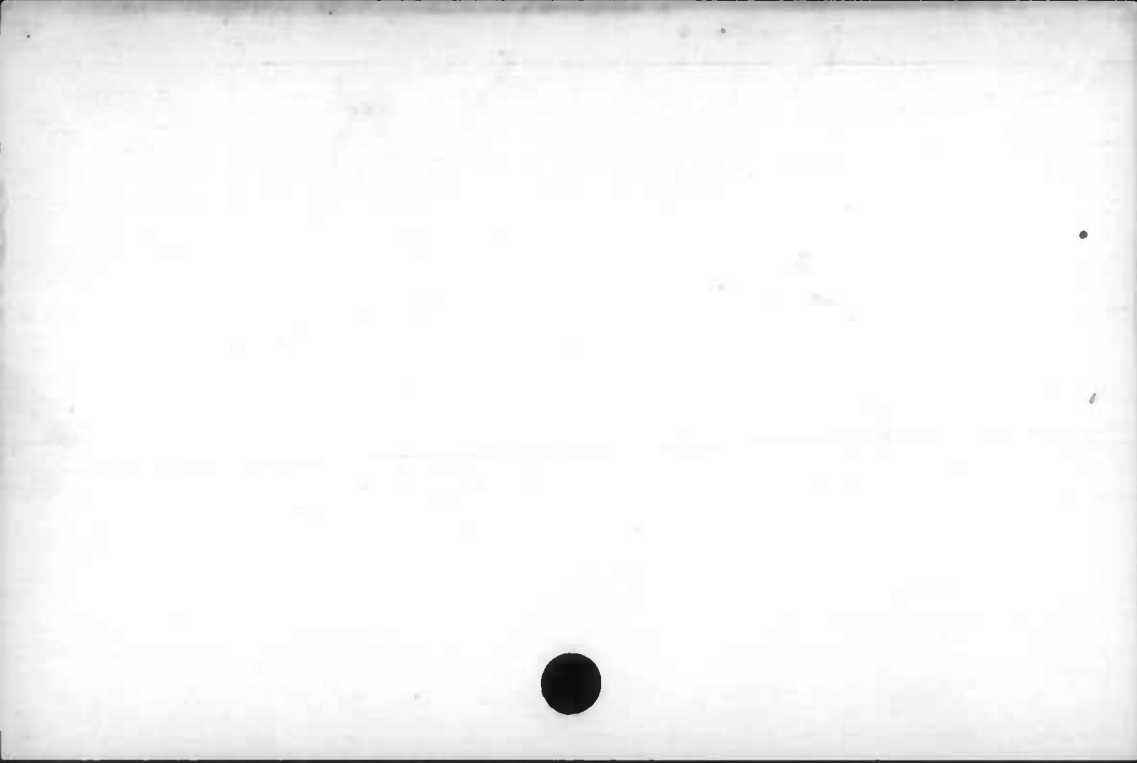
Died at <i>Mt Hope Reformatory</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1900 Feb 8th</i>		Month <i>Feb</i>		Day <i>8th</i>		Years <i>Age 45</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>Not Known</i>	
Occupation <i>Religious</i>		Where Residing if not at place of death <i>Greensburg Pa</i>		Years		Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Months		Days	
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>		Years		Days	
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>		Years		Days	
Name of person giving Information <i>Recd from Mt Hope Reformatory</i>		How related to deceased <i>Not at all</i>		Years		Days	

CAUSES OF DEATH

68 ✓

PHYSICIAN
OR CORONER

Primary <i>Chronic Melancholia</i>		How long <i>over 2 yrs</i>	
Immediate <i>Exhaustion</i>		How long <i>abt 3 moos</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flannery</i>	
		Address <i>Frank J. Flannery - Mt Hope Reformatory</i>	
Accident or Suicide <i></i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Hook* Town *Pikesville* County *Balto* MARYLAND

Died at *Pikesville* Date of death *1940 Feb 3* Age *77* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Balto co. Md*

Occupation *House wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *William a Hook*

Father's Name *William Morgan* Father's Birthplace *Don't know*

Mother's Maiden Name *Julia Brown* Mother's Birthplace *Penna*

Name of person giving Information *Lillian Hook* How related to deceased *Grand Daughter*

CAUSES OF DEATH

Primary *infirmities of age* **154** How long *about one year*

Immediate *Heart failure* How long *suddenly*

Are the name, age, sex, color, date and place correctly given above? *Yes*

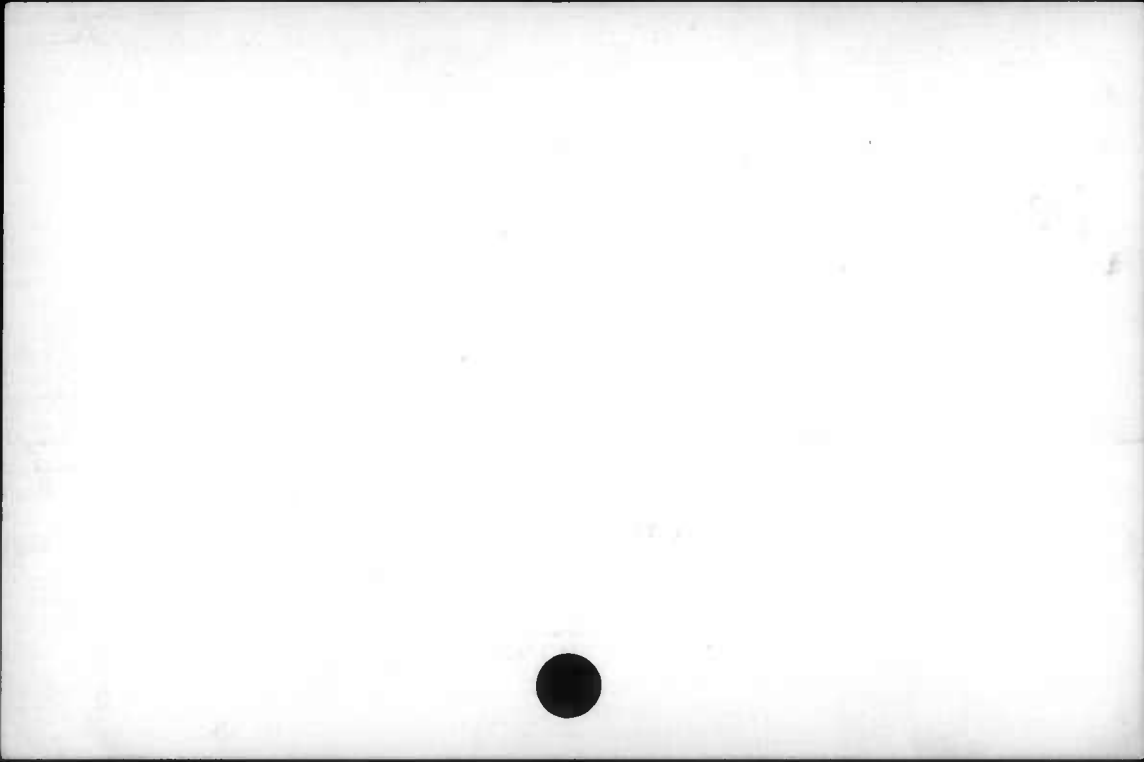
Signature of
Physician

Address

W. W. Smith
Greening Mills. Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Mary A L. Hooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Gorantown* ^{County} *Baltimore* **MARYLAND**

Date of death | 9th ^{Month} *July* ^{Day} *13* Age ^{Years} *76* ^{Months} *5* ^{Days} *12*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death *Gorantown*

~~Married, Single~~ ^{Name of Wife or Husband} *Augustus D Hooper*

Father's Name *Saml. Patterson* Father's Birthplace *Maryland*

Mother's Maiden Name *Ann Skinner* Mother's Birthplace *Maryland*

Name of person giving information *S. J. Hooper* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cancer of Breast* How long *6 months*

Immediate *Heart weakness* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. H. Duncan*

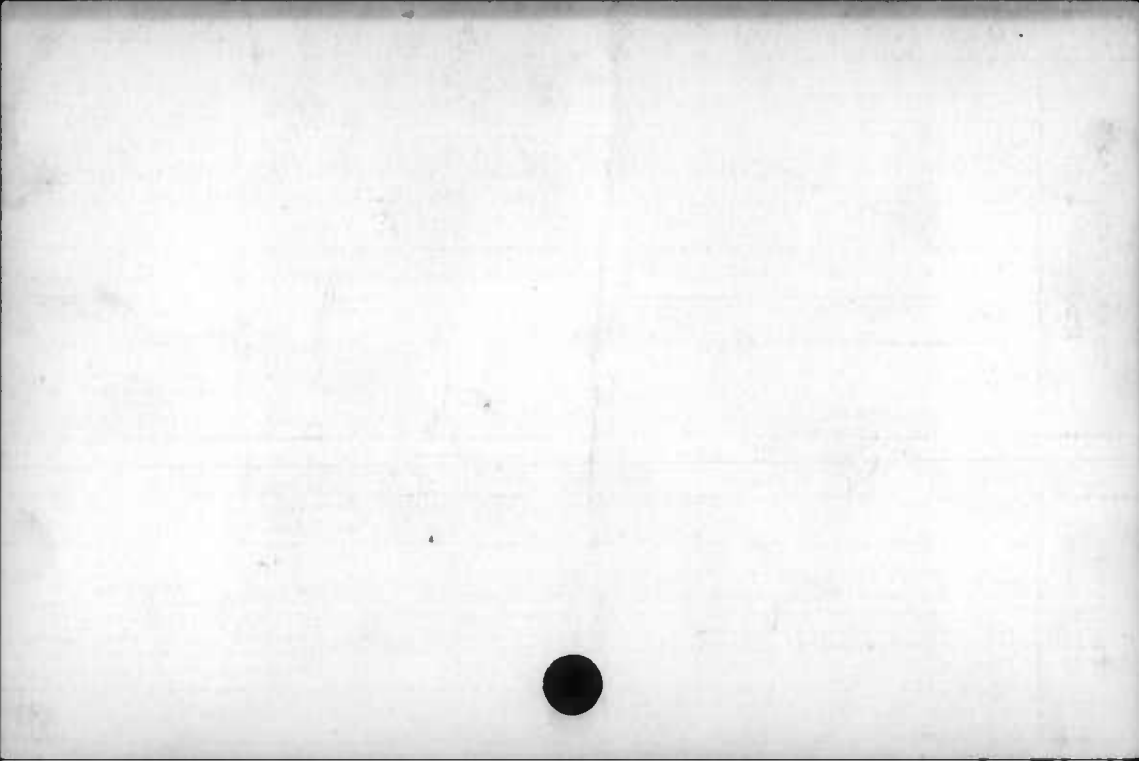
Address *Gorantown Md*

Accident or Suicide? _____

Chas. E. Francis
Undertaker

Interment at Western Cemetery

Name in Full		Margaret L. Hoshall				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Fairland</i>		County <i>Balto</i>		MARYLAND			
	Date of death <i>1900</i>	Month <i>2</i>	Day <i>6</i>	Years <i>50</i>	Months <i>3</i>	Days <i>18</i>		
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Int. Carmel. Ind</i>			
	Occupation <i>Housewife</i>		Where Residing if not at place of death _____					
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Hoshall</i>						
	Father's Name <i>Thomas Miller</i>				Father's Birthplace <i>Int. Carmel. Ind</i>			
	Mother's Maiden Name <i>Margaret A. Benson</i>				Mother's Birthplace <i>Black Rock. Ind</i>			
Name of person giving information <i>George Hoshall</i>				How related to deceased <i>Husband</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		How long <i>8 days</i>		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 2em; font-weight: bold;">93</div> <div style="margin-left: 10px;">✓</div> </div>			
	Immediate <i>Heart Failure</i>		How long <i>24 hrs</i>					
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr D. M. Resch</i>					
			Address <i>Hampstead. Ind</i>					
Accident or Suicide? _____								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Leray Howard		Town		County		MARYLAND	
Died at Grownstown				Baltimore			
Date of death	1910	Month	Feb.	Day	7	Years	10
Sex	Female	Color or Race	white	Age	1	Months	10
Occupation	None	Birth-place	MD.	Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband		None	
Father's Name		James E. Howard		Father's Birthplace		MD.	
Mother's Maiden Name		Annie B. Gibson		Mother's Birthplace		MD.	
Name of person giving Information		James E. Howard		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Double Pneumonia	How long	7 days
Immediate	Cardiac Asthenia	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. Poytton Green M.D.	
Address		Lowson MD.	
Accident or Suicide			

John Burns Sons
Towson

Interment in
Prospect Hill
Cemetery
Towson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Frances Imhoff</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Highlandtown</i>		Month <i>Feb</i>		Day <i>28</i>		Years <i>86</i>	
Date of death <i>1900</i>		Months <i>11</i>		Days <i>19</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>3604 E. Pratt St Highlandtown</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Frederick Imhoff</i>					
Father's Name <i>Joseph Zink</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>					
Name of person giving information <i>Frances Butten</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Exhaustion</i>	How long <i>7 days</i>
Immediate <i>Senile Debility</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jacob L. Denner</i>
	Address <i>30 S. Broadway</i>
Accident or Suicide? <i>Neither</i>	

Dr. Winner
Broadway near Lombard St

Stewart & Mowen Co
Funeral Directors
215 Park Av.

for Interment in
Sweet Home Cemetery
March 2nd / 10.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

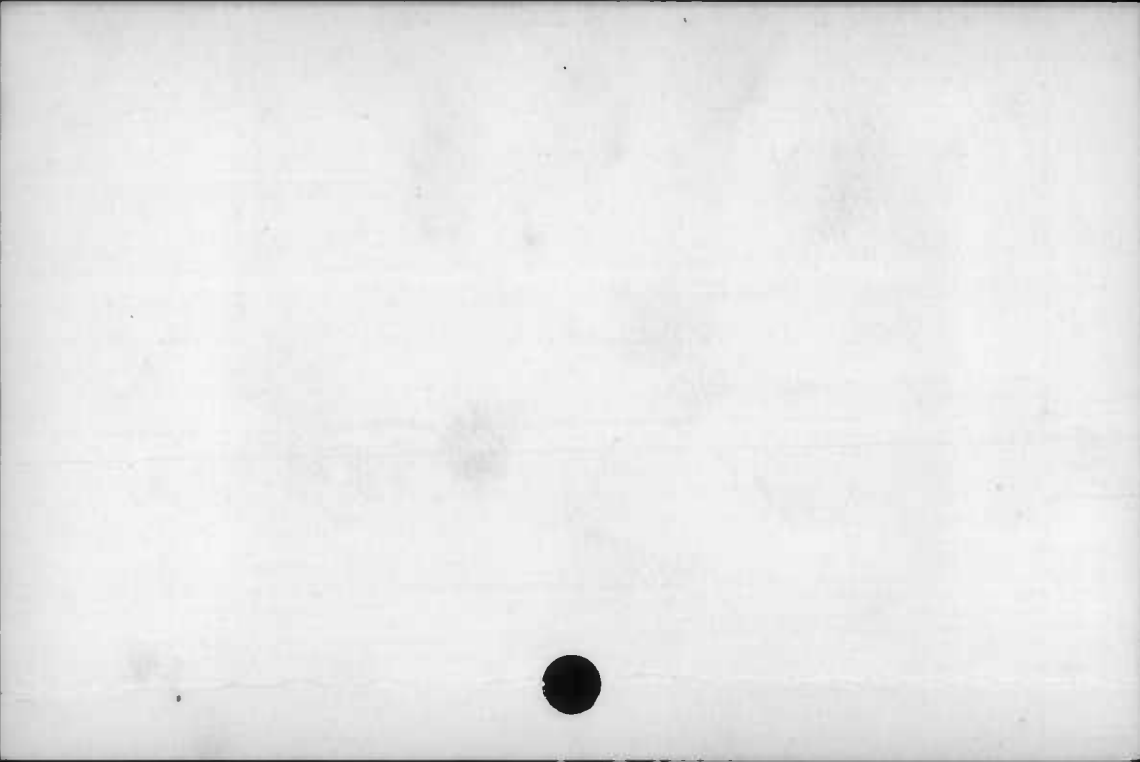
MARYLAND

Died at		Town <i>Jacksonville</i>		County <i>Bald</i>			
Date of death	<i>1940</i>	Month <i>2</i>	Day <i>13</i>	Age <i>18</i>	Years <i>18</i>	Months <i>5</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Jacksonville</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>"</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Charles H. Isennoek</i>				Father's Birthplace <i>Balto Co</i>			
Mother's Maiden Name <i>Magdaline Kuter</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Charles H. Isennoek</i>				How related to deceased <i>" "</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>
Immediate <i>Spinal Meningitis</i>	How long <i>1 "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Payne</i>
<i>Yes</i>	Address <i>Phoenix Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Robert Jackson* Town *Catonsville* County *Baltimore* MARYLAND
Died at
Date of death 19*10* Month *Feb* Day *10* Age *22* Years Months *—* Days *—*
Sex *Male* Color or Race *Colored* Birth-place *Howard Co.*
Occupation *Laborer* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband *Jennie Brooks*
Father's Name *Unknown* Father's Birthplace *Unknown*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Jennie Jackson* How related to deceased *Wife*

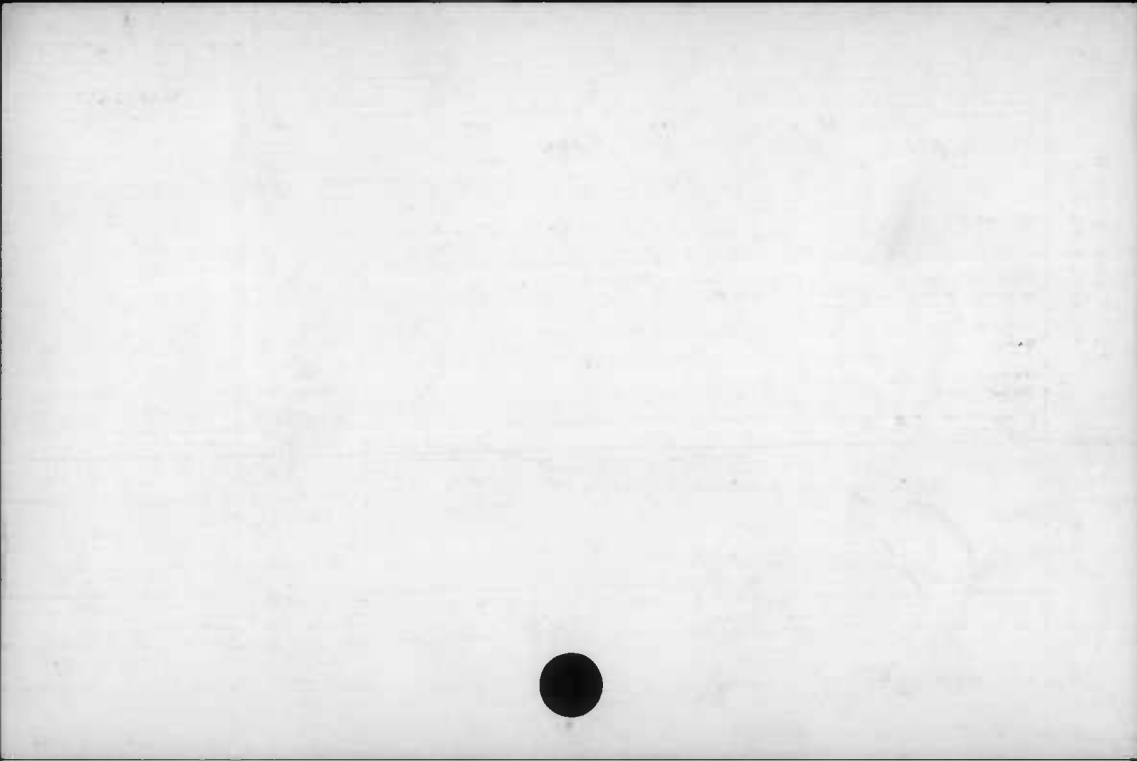
CAUSES OF DEATH

28

PHYSICIAN
OR CORNER

Primary *Pulmonary Tuberculosis* How long *2 1/2 Years*
Exhaustion How long *4 weeks*
Immediate
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Frederick L. Baker*
Address *Coroner*

Accident or Suicide



PHYSICIAN
OR CORONER

OFFICE SUPPLY CO. 2364

H. Sanders & Son. —

Trinity Cemetery,

Feb. 22 - 1910. —

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Dec. at *Supper Club, Towson, Md.* Town *Balto.* County
 Date of death 19*66* Month *Feb.* Day *16* Age *73* Months _____ Days _____

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Cigar mfr. (retired)* Where Residing if not at place of death *208 Old York Road*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Meyers (formerly?)*

Father's Name *August Jorsting* Father's Birthplace *Germany*

Mother's Maiden Name *Caroline Pabli* Mother's Birthplace *France*

Name of person giving Information *August Jorsting* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Senile Dementia* 154 How long *6 mos.*

Immediate *Acute Collapse* How long *2 days.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Dr. J. J. Connel
Towson, Md.

Accident or Suicide

W J. Dietner and sons
London part

Name
in
Full

Gustav T. Karrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Highlandtown* ^{County} *Balto.* **MARYLAND**

Date of death *1900* ^{Month} *Feb.* ^{Day} *28* Age ^{Years} *29* ^{Months} *3* ^{Days} *—*

Sex *Male* Color or Race *white* Birth-place *Baltimore*

Occupation *Milliner* Where Residing if not at place of death *3212 E. Balto. St.*

Married, Single or Widowed *Married* Name of Wife or Husband *Florence C. Karrow*

Father's Name *Albert Karrow* Father's Birthplace *Balto.*

Mother's Maiden Name *Mary J. Brien* Mother's Birthplace *Delaware*

Name of person giving Information *Albert Karrow* How related to deceased *Father*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's disease of kidney* How long *Several months*

Immediate *Droptey (general)* How long *about 4 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. T. Hardy*

Address *1902 Park St*

Accident or Suicide? *17*

1st Evangelical Cemetery
March 3rd 1910

H. Spicker & Sons

H. Spicker & Sons

Name
in
Full

Minna C. Kendall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *712* *Linwood Ave* *Baltimore* ^{County}Date of death *1910* ^{Month} *February* ^{Day} *13* ^{Years} *25* ^{Months} *4* ^{Days} *28*Sex *Female* Color or Race *White* Birth-place *Baltimore City*Occupation *House work* Where Residing if not at place of death *712 Linwood Ave* *Baltimore*Married, Single or Widowed *Married* Name of Wife or Husband *Joseph F. Kendall (husband)*Father's Name *George Kutsch* Father's Birthplace *Germany*Mother's Maiden Name *Annie C. Schuler* Mother's Birthplace *Germany*Name of person giving information *Joseph F. Kendall* How related to deceased *Husband*

CAUSES OF DEATH

28 ✓

PHYSICIAN
OR CORONERPrimary *Laryngeal + pulmonary tubercular* How long *3 year 7 mos.*Immediate *"* How long *"*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Sylvan Rosenheim*Address *1710 Linden Ave*
Baltimore

Accident or Suicide?

Issued by Dr H A Taylor
Pikeville 30 West

Orinda Ridge Cemetery
Feb 15 - 1910

Christian Miller
2334 Jefferson St

Name
in
Full

Ellen Kruss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

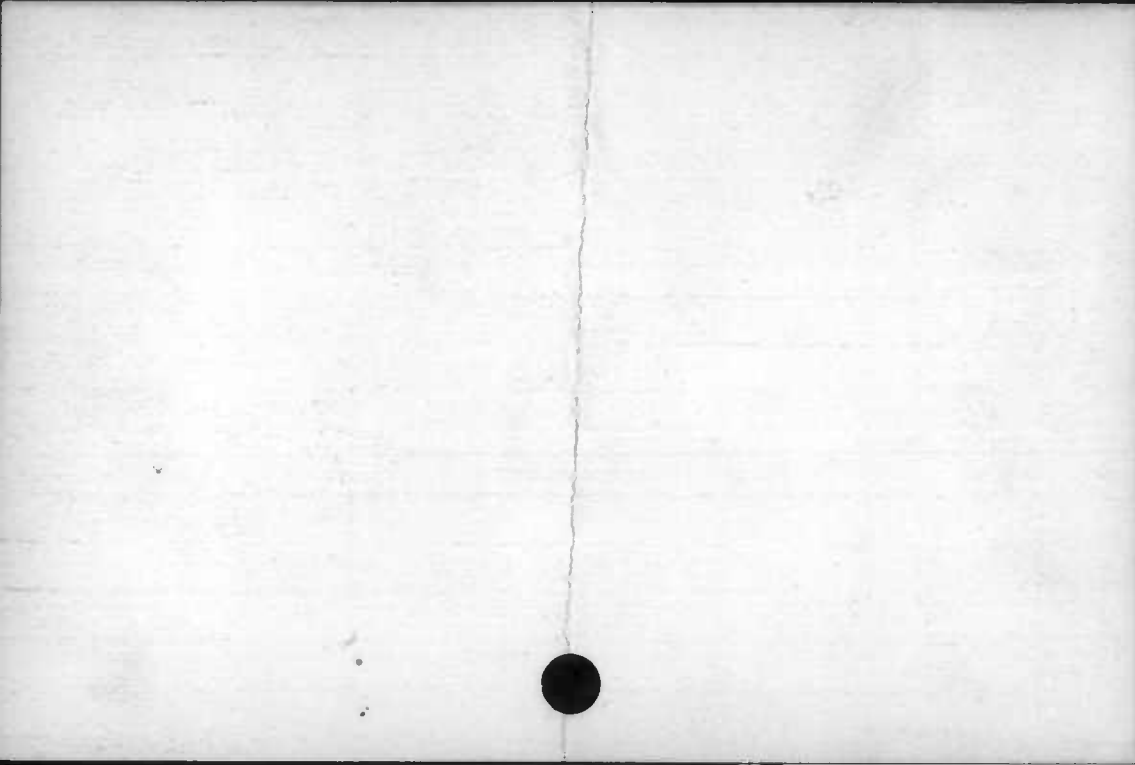
Town Freeland			County Baltimore			MARYLAND									
Died at		Date 1910		Month 2		Day 1		Age 82		Years 2		Months 27		Days 27	
Sex female		Color or Race white		Birth-place Maryland											
Occupation Housekeeper				Where Residing if not at place of death											
Married, Single or Widowed				Name of Widow Husband Alexander Kruss											
Father's Name John Palmer				Father's Birthplace Maryland											
Mother's Maiden Name Alice Eaton				Mother's Birthplace Maryland											
Name of person giving information Samuel Harmon				How related to deceased None											

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary		Semile Decay		How long 3 years	
Immediate		Exhaustion		How long 3 weeks	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Daniel V Moyer	
				Address Maryland Erie Md	
Accident or Suicide?					



Name
in
Full

John D. Kackefeller Kroedell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Cedar Heights ^{County} St. Louis Balto

MARYLAND

Date of death 1960 Month 2 Day 25 Age — Years — Months — Days 21

Sex Male Color or Race White Birth-place Cedar Heights

Occupation Woman Where Residing if not at place of death

~~Married~~, Single
or ~~Widowed~~Name of Wife or
Husband

Father's Name Harry H. Kroedell

Father's Birthplace Balto

Mother's Maiden Name Beatrice Finnessey

Mother's Birthplace Balto

Name of person giving information Harry H. Kroedell

How related to deceased father

CAUSES OF DEATH

Primary convulsions

How long 4 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accidental or Suicide?

James Hignan & son
Western Country

Name
in
Full

Thos B. Kroedell

CERTIFICATE OF DEATH

Died at ^{Town} cedar height ^{County} St Denis ^{MARYLAND} Balt
 Date of death 1900 ^{Month} 2 ^{Day} 27 ^{Age} 22 ^{Months} ^{Days} 22

Sex male Color or Race white Birth-place St Denis
 Occupation Woman Where Residing If not at place of death

~~Married~~, Single
 or Widowed

Name of Wife or
 Husband

Father's Name Harry H Kroedell

Father's Birthplace Balt

Mother's Maiden Name Beatrice Finnessey

Mother's Birthplace Balt

Name of person giving Information Beatrice Kroedell

How related to deceased Mother

CAUSES OF DEATH

Primary nephritis dropsy
 Immediate convulsions

How long 20 days

How long 3 hours

Are the name, age, sex, color, date
 and place correctly given above?

yes

Signature of
 Physician

Address

W B Hall
 Mt Vernon

Accident or Suicide

James Hignan
Western Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mr. H. Ladd Knodell* County *Balti* Maryland
 Died at *Cedar Heights St Denis*
 Date of death *1960* Month *2* Day *28* Age *23*
 Sex *Male* Color or Race *White* Birth-place *St Denis*
 Occupation *None* Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

71

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

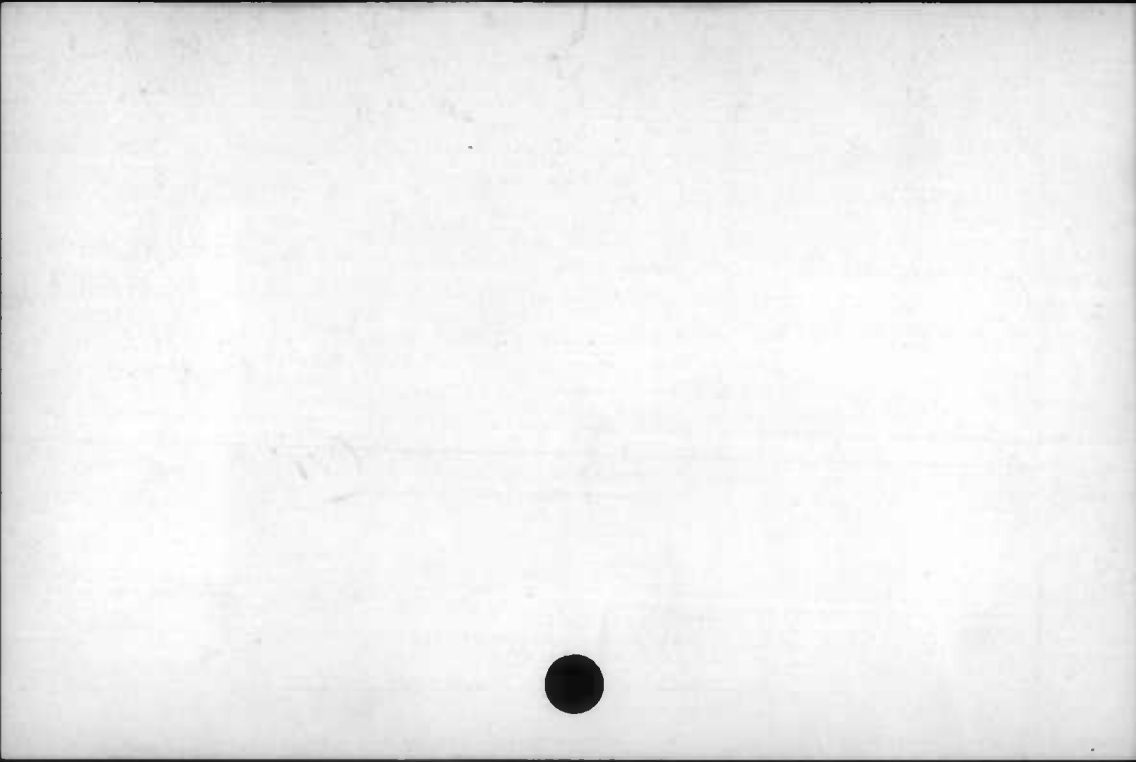
Address

Accident or Suicide

PHYSICIAN
OR CORONER

James Hignan
Western Cemetery

Name in Full		Certificate of Death			
Annie S. Kury		MARYLAND			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Viola, Va.		County	
	Date of death	1910	Feb.	19	Age
	Sex	Female	Color or Race	White	Birth-place
	Married, Single or Widowed	Married	Occupation	Housewife	
	Name of wife or husband	Rev Alfred P. Kury			
	Father's Name	James W. Taliaferro		Father's Birthplace	Va.
Mother's Maiden Name	Marion S. Grimes		Mother's Birthplace	Va.	
Name of person giving information	Rev Alfred P. Kury		How related to deceased	Husband	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Myocarditis		How long	7 Months
	Immediate	Heart Asthenia		How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Harvard W. Jones M.D.
	Address	Irvington			
Accident or Suicide?		No			



Name in Full <i>Wm. H. Leemis</i>		Town <i>W. Roland Park</i>		County <i>Baltimore</i>		CERTIFICATE OF DEATH	
Died at <i>W. Roland Park</i>		Date of death <i>1901</i>		Month <i>Feb.</i>		Day <i>31</i>	
Sex <i>Male</i>		Color or Race <i>Brown Sk.</i>		Age <i>59</i>		Years <i>10</i>	
Occupation <i>Hotel keeper</i>		Where Residing if not at place of death <i>227 W. Roland Park</i>		Birthplace <i>Baltimore Md</i>		Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hannah E. Leemis</i>		Father's Name <i>Joseph A. Leemis</i>		Father's Birthplace <i>Baltimore Md</i>	
Mother's Maiden Name <i>Not known</i>		Name of person giving information <i>John Leemis</i>		Mother's Birthplace <i>—</i>		How related to deceased <i>Son</i>	
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		27 ✓			
Primary <i>Pulmonary tuberculosis</i>		Immediate <i>Asphyxiation</i>		How long <i>2 1/2 months</i>		How long <i>Two sharp pains</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. Winsey M.D.</i>		Address <i>1220 E. Fayette St</i>		Baltimore	
Accident or Suicide?							

Laurel Cemetery
Feb. 6 - 1918

A. S. Mars Hall
3539 Fall Road

St. Massenburg

(277 Fall Road)
Near Col. Sping
June 1

Name
in
Full

William Henry Love

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Reisterstown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>Feb.</i>	Day <i>14</i>	Age <i>67</i>	Months <i>11</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Insurance Agent</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary A. Love</i>				
Father's Name <i>William Ball Love</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Anne Fisher</i>	Mother's Birthplace <i>England</i>				
Name of person giving information <i>Elizabeth Slade</i>	How related to deceased <i>Daughter</i>				

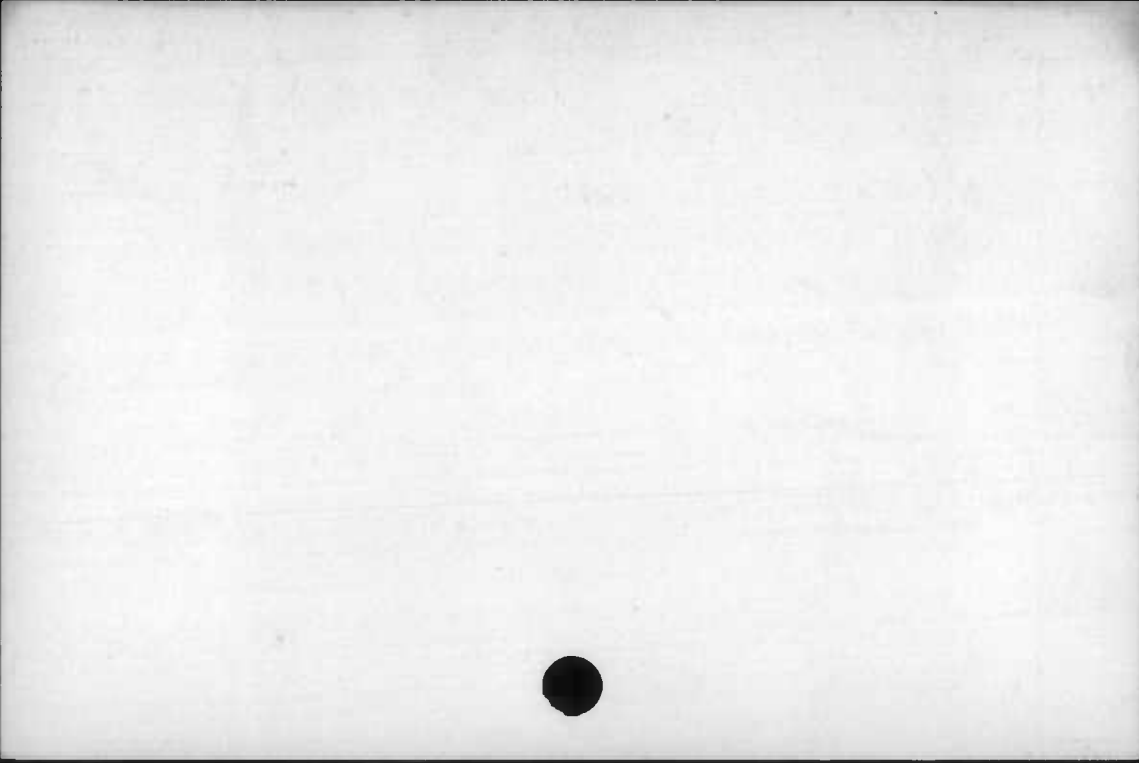
CAUSES OF DEATH

64

✓

PHYSICIAN
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>Three or four yrs</i>
Immediate <i>Amyplexy</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Slade</i>
	Address <i>Reisterstown Md.</i>
Accident or Suicide?	



Name
in
Full

Rebecca A Lovelace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Raspburg* TcwnCounty *Baltimore*

Date

of death

1940

Month

Feb

Day

8

Age

66

Months

1

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Nova Scotia

Occupation

none

Where Residing if not
at place of death

Boston Mass

Married, Single
or Widowed

Married

Name of Wife or
Husband

Zenias Lovelace.

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

Ells

Mother's
Birthplace

Nova Scotia

Name of person giving
In formation

Mattie M. Lovelace

How related
to deceased

Daughter-in-law.

CAUSES OF DEATH

105

✓

PHYSICIAN
OR CORONER

Primary

Enteritis

How long

2 months.

Immediate

Exhaustion

How long

1 month.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianA. L. Williams
Raspburg, Md.

Address

Accident or Suicide?

Neither

Place of burial Boston Mass

Henry W. Jenkins & sons Co

Orchard St & M & Culloch St

Name
in
Full

Mary E. McNew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Balto.		MARYLAND	
Date of death	1910	Month	Feb.	Day	19
Age		Years		Months	Days
Sex		Female		Color or Race	White
Birth-place		Md.			
Occupation		Housewife		Where Residing if not at place of death	
3305 E. Balto. St.					
Married, Single or Widowed	Married		Name of Wife or Husband		
George A. McNew					
Father's Name	Edward E. Burton		Father's Birthplace		
Md.					
Mother's Maiden Name			Mother's Birthplace		
Md.					
Name of person giving information	George A. McNew		How related to deceased		
Husband.					

CAUSES OF DEATH

198

PHYSICIAN
OR CORONER

Primary	Cardiac Syncope	How long	24 hrs
Immediate	Pulmonary Embolism	How long	6 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		A. J. Sudh Md.	
		Address	
		3323 E. Balto. St.	
Accident or Suicide?			

Name
in Full

Child of Albert Mackenzie

CERTIFICATE OF DEATH

MARYLAND

Died at

Ellicott City

Baeto

Date

of death

1900 Feb.

Day

7

Age

no

Months

no

Days

no

Sex

Male

Color or Race

White

Birth-place

Id.

Occupation

None

Where Residing if not at place of death

Westchester Ave.

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

Albert Mackenzie

Father's Birthplace

Id.

Mother's Maiden Name

Bettie Eyer

Mother's Birthplace

Id.

Name of person giving Information

Albert J. Mackenzie

How related to deceased

Father

CAUSES OF DEATH

151

Primary

Pre mature birth

How long

24 hours

Immediate

Inanition

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

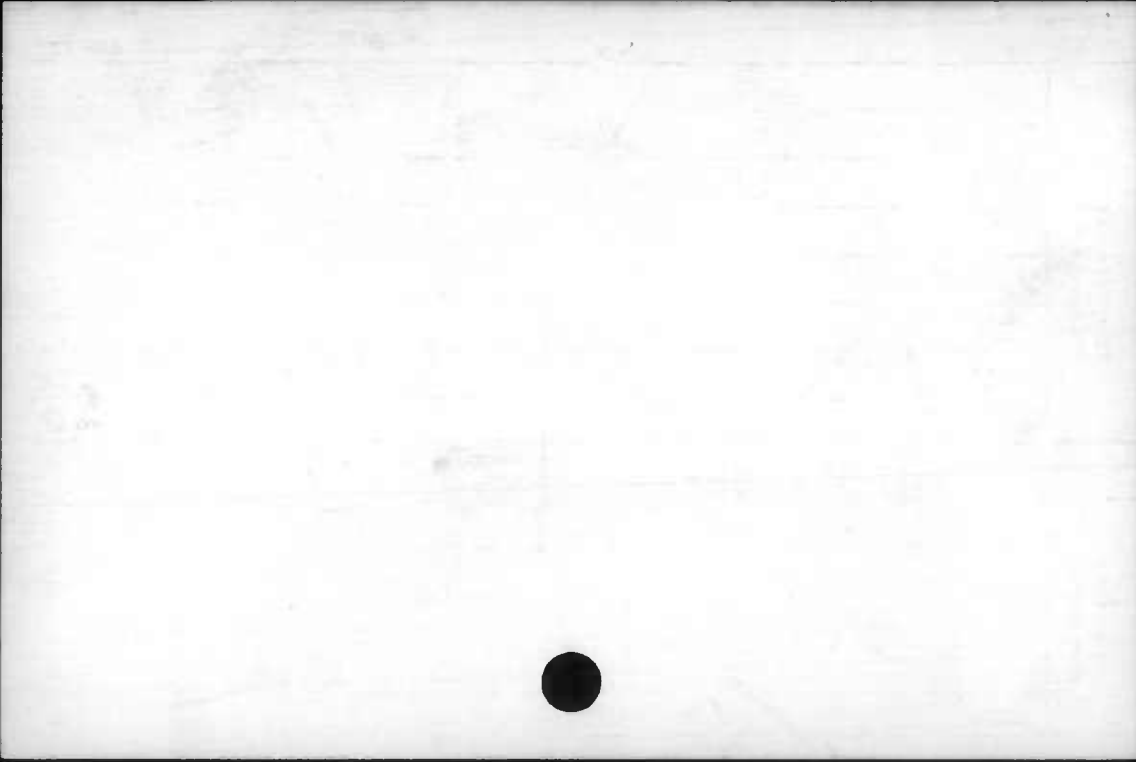
Signature of Physician

H. J. Byrne

Address

Ellicott City

Accident or Suicide



Name
in
Full✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Milford Mackenzie* ^{Town} *Ellicott City* ^{County} *Patto*Date of death *1900* ^{Month} *Feb.* ^{Day} *3* ^{Years} *no* ^{Months} *no* ^{Days} *no*Sex *Male* Color or Race *White* Birth-place *Ind*Occupation *None* Where Residing if not at place of death *Hestchester Ave.*Married, Single or Widowed *Single* Name of Wife or Husband *None*Father's Name *Albert C. Mackenzie* Father's Birthplace *Ind*Mother's Maiden Name *Bettie M. Eyles* Mother's Birthplace *Ind*Name of person giving information *Albert C. Mackenzie* How related to deceased *Father*

CAUSES OF DEATH

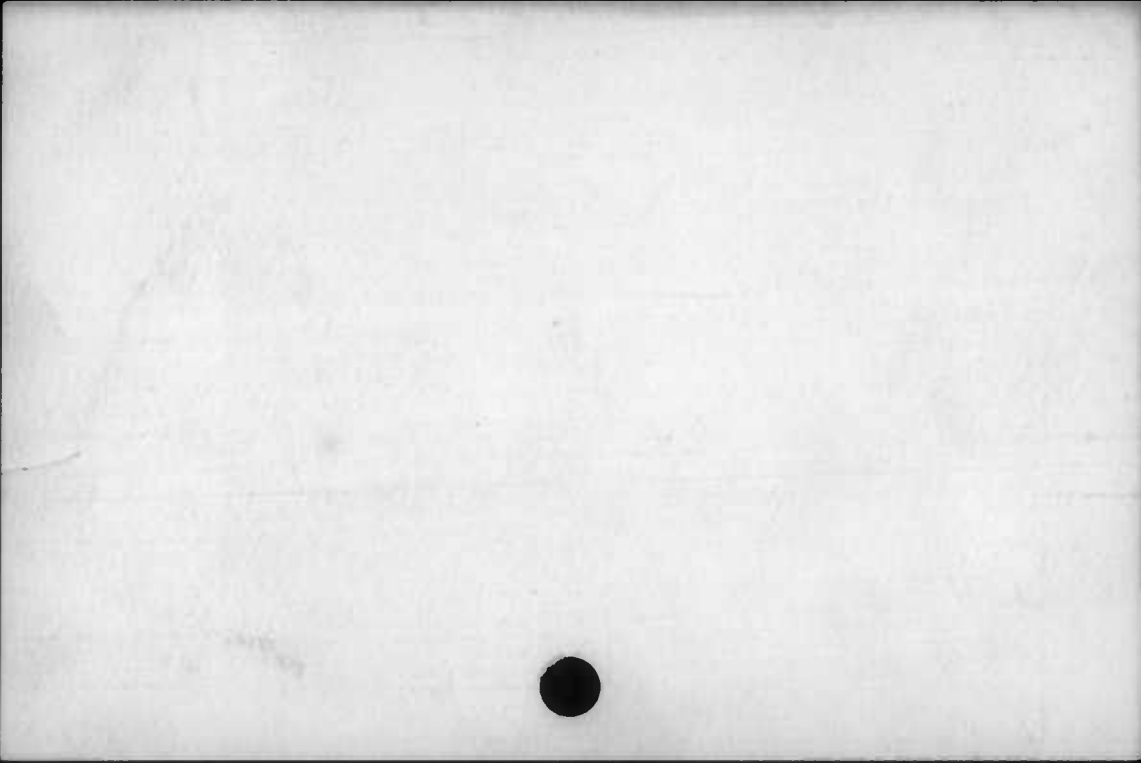
151 ✓

Primary *Premature birth* How long *6 to 8 hours*Immediate *Inanition* How long *6 to 8 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?



CERTIFICATE OF DEATH

Stevenson chp.

Feb. 29

Name
in
Full

Joseph Magness

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parkville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 19 <i>10</i>	Month <i>Feb.</i>	Day <i>21.</i>	Age <i>68</i>	Months <i>5</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>House Wives</i>		
Name of Wife or Husband <i>Stephen P. Magness</i>					
Father's Name <i>John Gordon</i>			Father's Birthplace <i>Baltimore Co.</i>		
Mother's Maiden Name <i>Martha Gordon</i>			Mother's Birthplace <i>Baltimore Co.</i>		
Name of person giving information <i>Junie L. Magness</i>			How related to deceased <i>Daughters</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart</i>	How long	<i>1 yr</i>
Immediate	<i>Organic Heart</i>	How long	<i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes -</i>	Signature of Physician	<i>Geary A. Long, M.D.</i>
		Address	<i>1 Hamilton</i>
Accident or Suicide?	<i>No</i>		<i>md 14</i>

Enterments Hill Cemetery
Hartford Road

G.W. Grammer
Undertaker

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

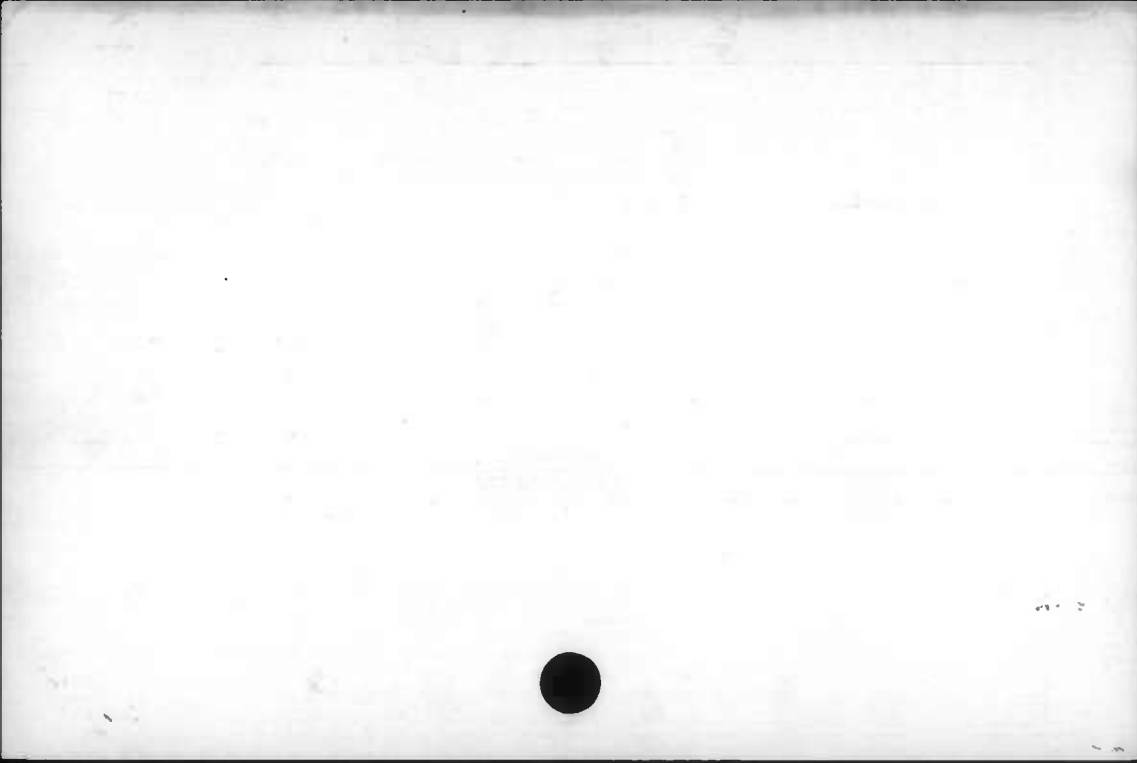
Died at Frank Marshbeck Balto County MARYLAND
 Date of death 1900 Feb 25 Age 42 Months Days
 Sex Male Color or Race White Birth-place Balto md.
 Occupation Sailor Where Residing if not at place of death Baltimore
 Married, Single or Widowed X Name of Wife or Husband John Marshbeck
 Father's Name John Marshbeck Father's Birthplace Germany
 Mother's Maiden Name Ann Mother's Birthplace Germany
 Name of person giving Information John Marshbeck How related to deceased Brother

CAUSES OF DEATH

157 V

PHYSICIAN
OR CORONER

Primary How long
 Immediate How long
 Are the name, age, sex, color, date and place correctly given above? Signature of Physician Richard A. Bowen Jr
 Address Acting Coroner
 Washington Md
 Accident or Suicide by Hanging



Name
in
Full

Grace Carter Mason

CERTIFICATE OF DEATH

Died at Roland Park, 423 Hawthorn Rd Baltimore, MARYLAND

Date of death 1980 2 27 Age 36 Months Days

Sex Female Color or Race White Birth-place USA

Occupation Wife Where Residing if not at place of death 423 Hawthorn

Married, Single or Widowed Name of Wife or Husband Walter A. Mason

Father's Name Lonrunza D. Carter Father's Birthplace Ohio

Mother's Maiden Name Clara L. Norton Mother's Birthplace Ill.

Name of person giving information Walter A. Mason How related to deceased Husband

CAUSES OF DEATH

Primary Arterio Sclerosis How long 3 years

Immediate Apoplexy & Cerebra How long 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Henry V. Cassidy

Address Roland Park Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Kindly send Dr. Priddy
same set of blocks?

H. C. Windfield

Oakland Cal. Co. Ill
March 2, 1910

H. C. Windfield
914 Greenmount Ave

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Parkton* Town*Baltimore* CountyDate
of death *1900*Month *Feb.*Day *9*Age *27* YearsMonths *6*Days *25*Sex *Female*Color or
Race *White*Birth-
place *Parkton*Occupation
*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *Clarence Matthews*Father's
Name *Eli T. Bull*Father's
Birthplace *Parkton*Mother's
Maiden Name *Magdalena Bush*Mother's
Birthplace *Germany*Name of person giving
Information *Clarence Matthews*How related
to deceased *Husband*

CAUSES OF DEATH

*27*Primary *Pulmonary Tuberculosis*How long *9 months*Immediate *Heart Failure*How long *about 3 weeks*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *R. B. Harris*Address *Parkton**Accident or Suicide?*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

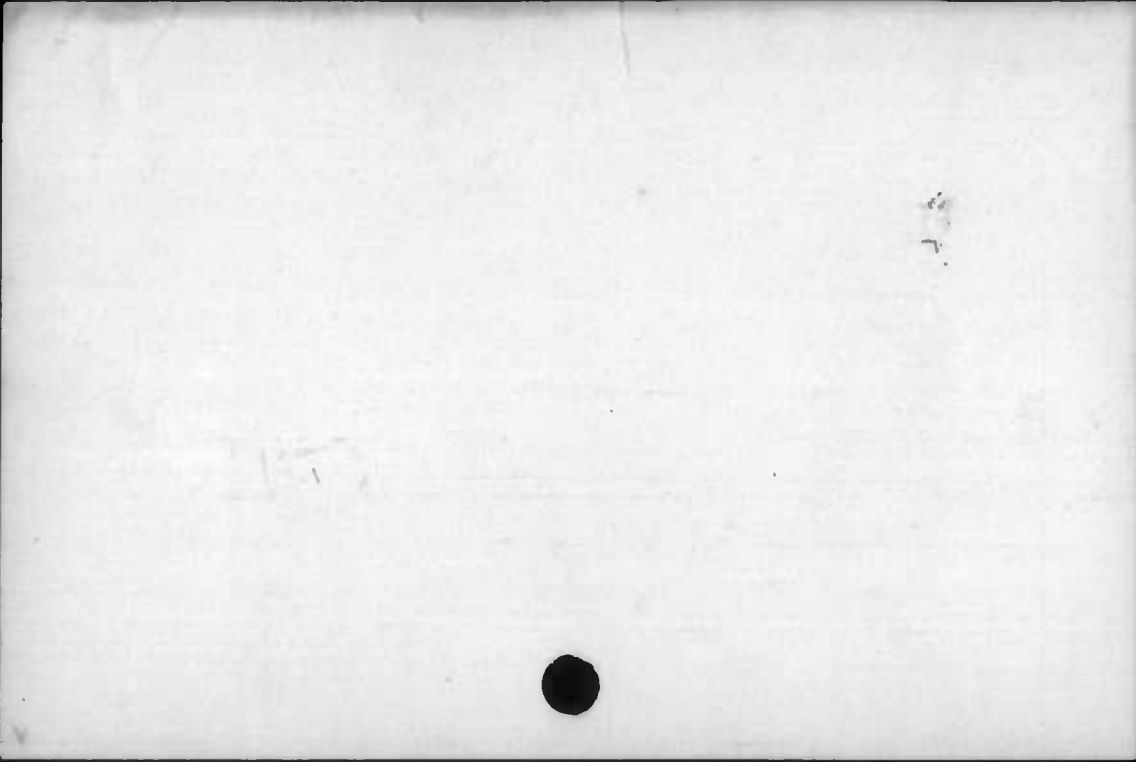
Name *John B Mattingly* Town *Woodstock* County *Balto*
Died at *Woodstock College*
Date of death *1980* Month *Feb* Day *25* Age *74* Years Months *3* Days *9*
Sex *male* Color or Race *white* Birth-place *Ind*
Occupation *Brother in S.F.* Where Residing if not at place of death *Same*
Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Don't Know* Father's Birthplace *Don't Know*
Mother's Maiden Name *Don't Know* Mother's Birthplace *Don't Know*
Name of person giving information *Patrick Hagerty* How related to deceased *none*

CAUSES OF DEATH

92 ✓

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *3 days*
Immediate *Cardiac Arrest* How long *few hours*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *St. Joseph's and*
Address *Franklin*
Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

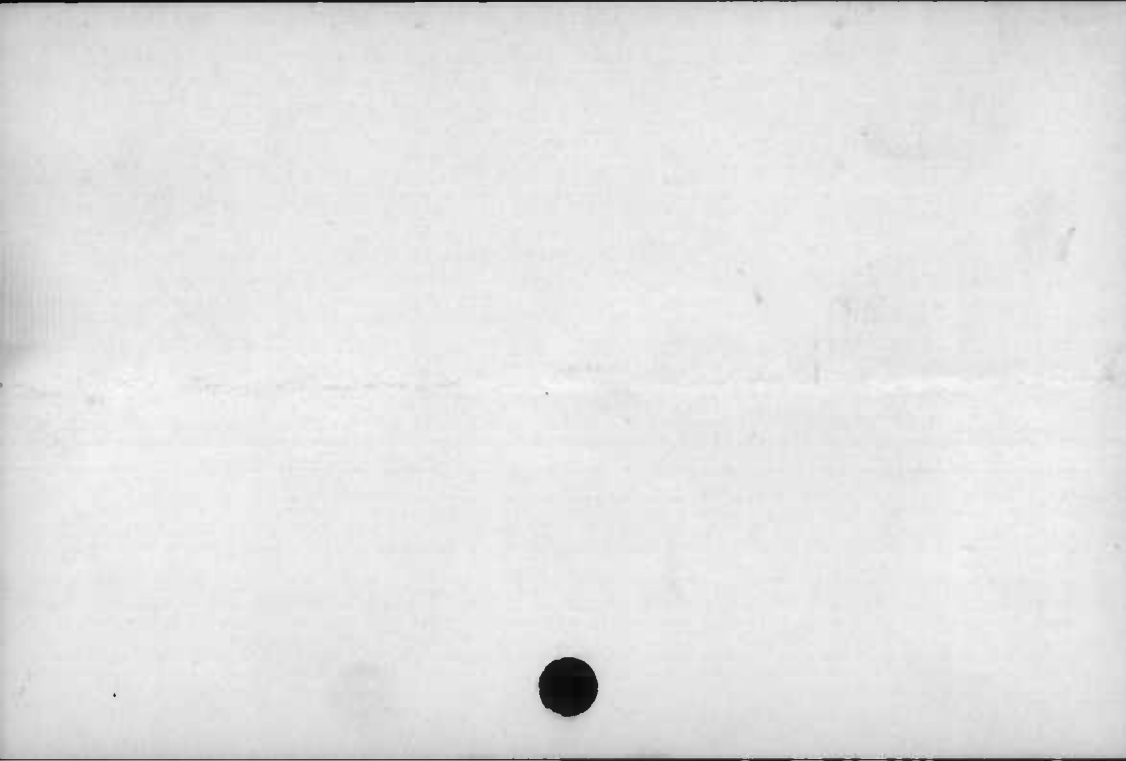
Name <i>Julia Ann Mayse</i>		Town <i>Near Rockville</i>		County <i>Balto</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1900</i>		<i>84</i>		<i>11</i>	
Month <i>2nd</i>		Day <i>17th</i>		Years		Days <i>22</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Black Rock, Md.</i>			
Occupation <i>House-wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas Mayse</i>					
Father's Name <i>Abraham Warner</i>		Father's Birthplace <i>Black Rock, Md.</i>					
Mother's Maiden Name <i>Susana Price</i>		Mother's Birthplace <i>Black Rock, Md.</i>					
Name of person giving information <i>Elizabeth J. Bumbitz</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>La Grippe & Inflammation of Lungs</i>	How long	<i>1 week</i>
Immediate	<i>Heart failure</i>	How long	<i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. B. Harris, M.D.</i>	
		Address	
		<i>Freeland, Md.</i>	
Accident or Suicide?			



Name
in
Full

Benjamin Clyde Meekins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Woodlawn Town Balto County MARYLAND

Date of death 1900 Month Feb Day 15th Age 1 Years 10 Months 22 Days

Sex male Color or Rse white Birth-place Woodlawn

Occupation — Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Benjamin Meekins Father's Birthplace Md

Mother's Maiden Name Agnes Elsie Mother's Birthplace Md

Name of person giving Information Agnes Meekins How related to deceased mother

CAUSES OF DEATH

Primary Scarlet fever - Influenza How long 1 week

Immediate Spinal Meningitis How long 8 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. C. Smith
West Street Baltimore

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Adolph Menuzzo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>2</i>	Day <i>12</i>	Age <i>—</i>	Months <i>3</i>	Days <i>1</i>
Sex <i>M.</i>	Color or Race <i>W.</i>		Birth-place <i>Balto Co.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>124 S. 8th St. "</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Daniel Menuzzo</i>			Father's Birthplace <i>Italy</i>		
Mother's Maiden Name <i>Catherine Ranello</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Daniel Menuzzo</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>5 days</i>
Immediate <i>Asthma</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Anthony L. Rellacala</i>
	Address <i>827 Ainsworth St</i>
Accident or Suicide <i>—</i>	

Wendell Lippel & Son
330 S. Bond St.

St. Vincent - Cui.

Feb. 13" / 10

Name
in
Full

Barbara Wilhelmina Meyer

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Sparrows Point

Baltimore

Date

of death

1960 Feb.

Month

Day

27th

Age

Years

9

Months

11

Days

Sex

Fem.

Color or
Race

white

Birth-
place

Sparrows Point

Occupation

School girl

Where Residing if not
at place of death

Sparrows Point

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

August Meyer (deceased)

Father's
Birthplace

Germany

Mother's
Maiden Name

Kunigunda Wiesand (deceased)

Mother's
Birthplace

Germany

Name of person giving
Information

Hans. Veitrich

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Tuberculosis of spine

How long

8 years

Immediate

exhaustion & mitral insufficiency

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

G. B. McCormick MD

Address

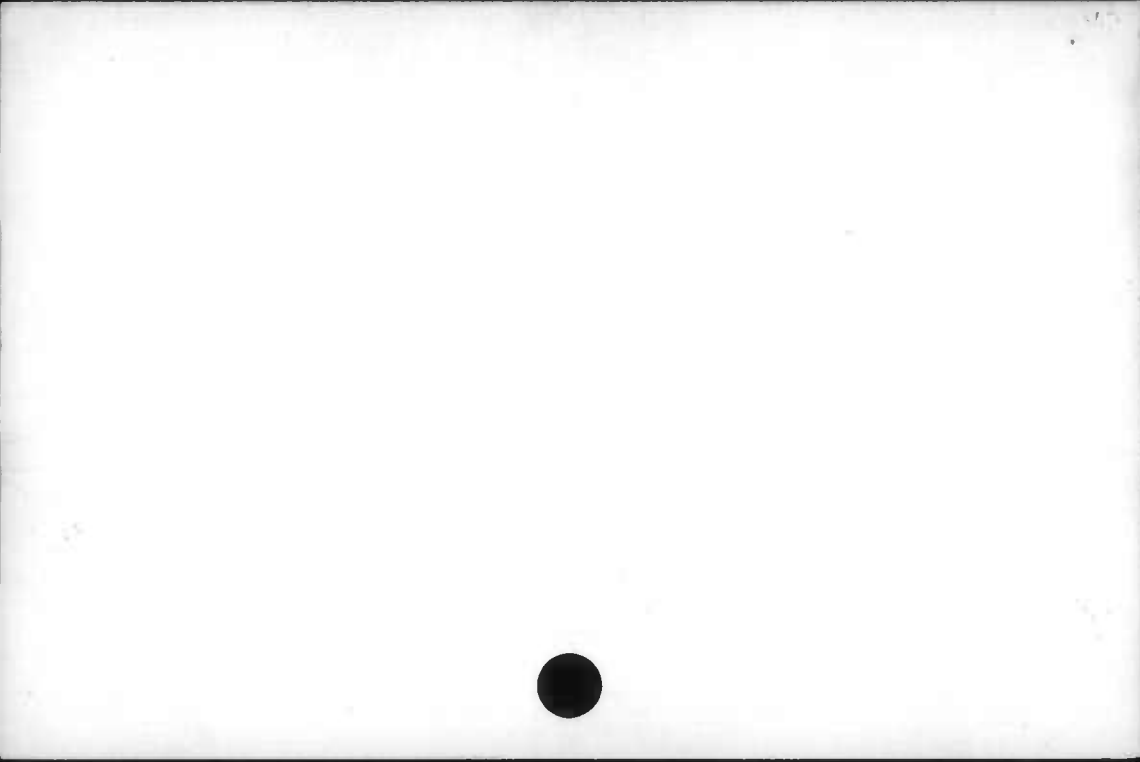
Sparrows Point

Md 15

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Milchling*
*Raspburg*County *Balto*Date
of death 19*60*Month *2*Day *20*

Age

Years *73*Months *Unknown*Days *Unknown*

Sex

*Male*Color or
Race*White*Birth-
place*Europe*

Occupation

*Farmer*Where Residing if not
at place of death*Raspburg*~~Married, Single~~
~~Widowed~~Name of Wife or
~~Husband~~*Eva Milchling*Father's
Name*Christian Milchling*Father's
Birthplace*Europe*Mother's
Maiden Name*Unknown*Mother's
Birthplace*..*Name of person giving
Information*Frank Milchling*How related
to deceased*Son*

CAUSES OF DEATH

Primary

General Arterio-sclerosis

How long

Years

Immediate

Epistaxis

How long

*3 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. L. Mullan*

Address

Raspburg Ind.

Accident or Suicide

*Neither*PHYSICIAN
OR CORONER

St Josephs

Name
in
Full

John B. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>2001 Upper Falls</i>		Town <i>Fallers</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>80</i>	Month	<i>Febry</i>	Day	<i>21</i>	Age	<i>60</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Penna</i>		Months	<i>4</i>
Occupation <i>Watchman</i>		Where Residing if not at place of death <i>Town + at place of death</i>		Days		<i>8</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>	
Father's Name <i>Albert A Miller</i>		Mother's Maiden Name <i>Elizabeth A. Steinfeldt</i>		How related to deceased <i>Sister</i>			
Name of person giving Information <i>Maggie Miller</i>							

CAUSES OF DEATH

10 ✓

PHYSICIAN
OR CORONER

Primary	<i>Laryngeal fulminant by Pneumonia</i>	How long	<i>Pneumonia 6 days</i>
Immediate	<i>Exhaustion fatal form</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. Meyer MD</i>	
Address <i>Joppa</i>		Address <i>W. Meyer MD</i>	
Accident or Suicide <i>No</i>			

St Stephens Cemetery
Bradshaw Mo

Name
in
Full

Mrs. Martha Miller

CERTIFICATE OF DEATH

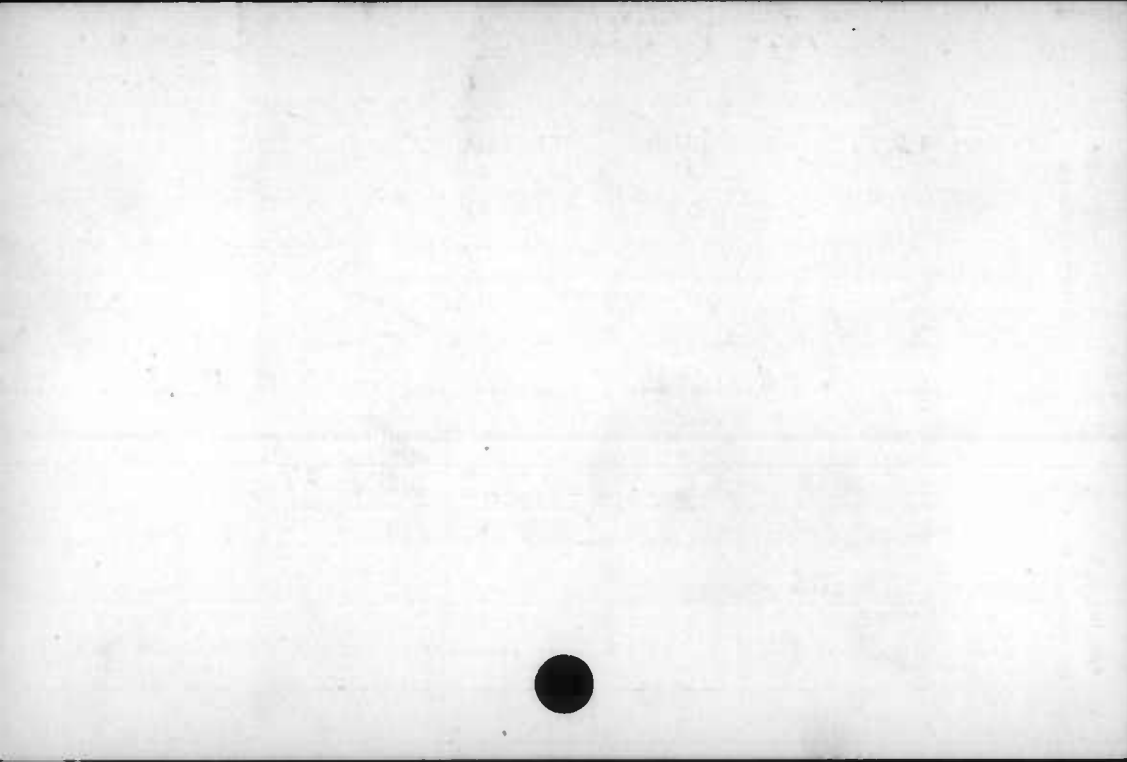
TO BE ANSWERED BY
NEAREST FRIEND

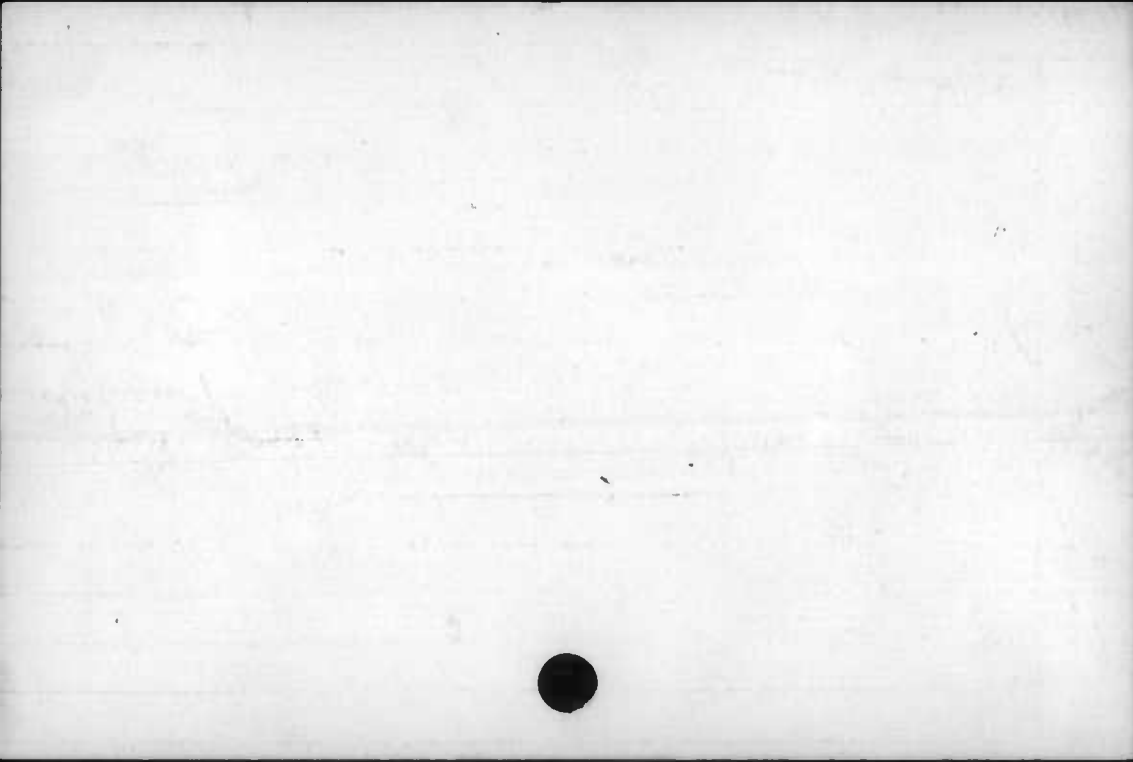
Died at <i>Reisterstown</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death 19 <i>18</i>	<i>Feb.</i> ^{Month}	<i>6</i> ^{Day}	Age <i>46</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Russia</i>		Occupation	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bernard Miller</i>			
Father's Name <i>Barcl Sipman</i>		Father's Birthplace <i>Russia</i>		Mother's Birthplace <i>Russia</i>	
Mother's Maiden Name <i>Ida —</i>		How related to deceased <i>Husband</i>		Name of person giving information <i>Bernard Miller</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	<i>27</i> ^{How long}	<i>8 mos.</i>
Immediate <i>Exhaustion</i>	<i>2 wks.</i> ^{How long}	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. Wickers Merritt</i>	<i>Jewish Home for Consumptives Reisterstown, Md.</i>
Address <i>[Redacted]</i>		
Accident or Suicide?		





Name
in
Full

CERTIFICATE OF DEATH

Mrs. Elizabeth Morann

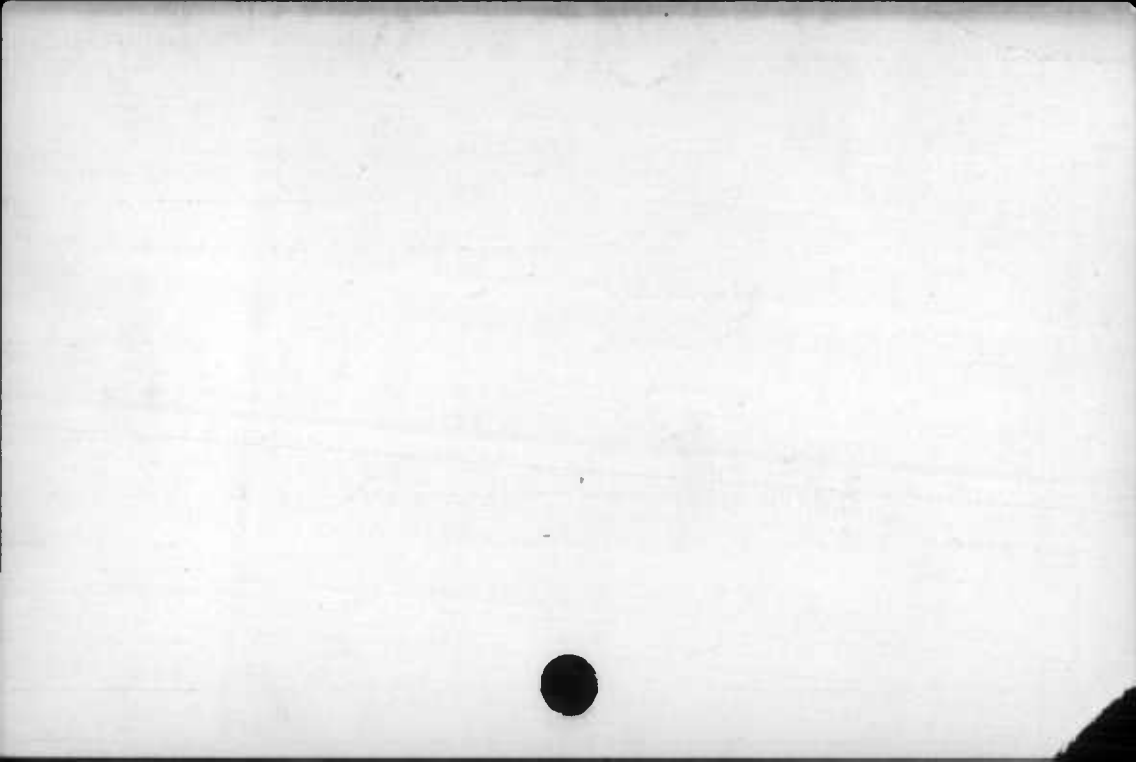
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>19010</i>	Month <i>Feb.</i>	Day <i>14</i>	Age <i>74</i>	Months	Years	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>1615- Chisquith St.</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Hospital Records</i>	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fracture Head & femur</i>	How long <i>16 days</i>
Immediate <i>(Myocarditis?) acute thromb</i>	How long <i>4 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frederick C. Crank</i>
<i>No</i>	Address <i>St. Agnes Hospital</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant of Anna Murray
Town Rolland Park County Baltimore

MARYLAND

Died at Rolland Park Baltimore
Date of death 1900 Month Feb Day 27 Age 1 Years 0 Months 0 Days 0

Sex Female Color or Race Caucasian Birth-place Rolland Park

Occupation None Where Residing if not at place of death Rolland Park

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband —

Father's Name Wm Kaszore

Father's Birthplace

Mother's Maiden Name Anna Murray

Mother's Birthplace Baltimore

Name of person giving Information Anna Murray

How related to deceased Sister

CAUSES OF DEATH

Primary Child Born Dead

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. B. Vincent - M.D.

Address

Accident or Suicide

PHYSICIAN
OR CORONER

John Burns Sons
Towson

For anatomical Purposes

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Murray James B

Died at *Leatonsville* *Palto* County **MARYLAND**

Date of death 19*60* Month *Feb* Day *15* Age *70* Years Months Days

Sex *Male* Color or Race *white* Birth-place *Maryland*

Occupation *unk* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *unk* Father's Birthplace *unk*

Mother's Maiden Name *unk* Mother's Birthplace *unk*

Name of person giving Information *-* How related to deceased *-*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *1 yr*

Immediate *& heart action* How long *2 weeks.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Henry Nace*

Address *Leatonsville, Md*

Accident or Suicidal *No.*

Edward A. Widenfelot
Springe Grove.

Bonnie Bray

Name in Full		Certificate of Death			
William B. Myer Jr.		TOWN <i>Catonsville</i> COUNTY <i>Baltimore</i>			
Died at		MARYLAND			
Date of death		Month	Day	Years	Months
19 <i>40</i>		<i>Feb</i>	<i>3</i>	<i>21</i>	<i>10</i>
Age		<i>21</i>			
Sex		Color or Race		Birth-place	
<i>Male</i>		<i>White</i>		<i>Baltimore</i>	
Occupation		Where Residing if not at place of death			
<i>clerk</i>		<i>Catonsville</i>			
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>		—			
Father's Name		Father's Birthplace			
<i>William B. Myer</i>		<i>Baltimore</i>			
Mother's Maiden Name		Mother's Birthplace			
<i>Martha Leander</i>		<i>Baltimore</i>			
Name of person giving information		How related to deceased			
<i>Mother</i>		<i>Mother</i>			
CAUSES OF DEATH					
Primary		How long			
<i>Pulmonary Tuberculosis</i>		<i>4 years</i>			
Immediate		How long			
<i>General Exhaustion & Heart Failure</i>		<i>—</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
<i>Yes</i>		<i>W. B. Myer</i>			
		Address			
		<i>1007 Cathedral St. Baltimore Md</i>			
Accident or Suicide?					

John C. Strongh lies
1452 Penna Ave
London Park Green

Name
in
Full

Thomas Stevin -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Mt Hope Reformat</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death	^{Month} <i>Feb</i>	^{Day} <i>6th</i>	^{Years} <i>73</i>	^{Months} <i>not known</i>	^{Days} <i>not known</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Ireland</i>		
Occupation <i>Miller</i>	Where Residing if not at place of death <i>Reeslyn Md.</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Not Known</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>" "</i>				
Name of person giving Information <i>Records Mt Hope Reformat</i>	How related to deceased <i>Not at all</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Mania</i>	How long <i>about 2 yrs</i>
Immediate <i>Ex. Pul. Congestion</i>	How long <i>48 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt. Hope Reformat</i> <i>Mt Hope Md.</i>
Accident or Suicide	



Name in Full		Bulah R Howland				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Catonville		Baltimore		MARYLAND		
		Date of death		1900	Month	2	Day	18
		Age		65	Years	2	Months	17
		Sex		Female	Color or Race		White	Birth-place
		Occupation		None	Where Residing if not at place of death		Place of Death	Baltimore, Md
		Married, Single or Widowed		Single	Name of Wife or Husband			
Father's Name		Lambert Howland				Father's Birthplace		
Mother's Maiden Name		Rachel M. White				Mother's Birthplace		
Name of person giving information		Harriet T. Howland				How related to deceased		
						Sister		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary				How long		
		Paralysis, Nephritis				120		
		Immediate				How long		
		Uremic Coma				11 hours		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician				
				Address				
				Catonville				
Accident or Suicide?								

Greenmount Pen
Jos B. Cook.

Name
in
Full

Benjamin Ogle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1900</i>	Month <i>Feb.</i>	Day <i>14</i>	Age <i>55</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dr. Geo. Co. Md.</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>731-W. Linnvale St.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Ogle</i>						
Father's Name <i>Dr. George Ogle</i>	Father's Birthplace <i>Belair, Md.</i>						
Mother's Maiden Name <i>Anna Cook</i>	Mother's Birthplace <i>Howard Co. Md.</i>						
Name of person giving information <i>Mrs. Benj. Ogle</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

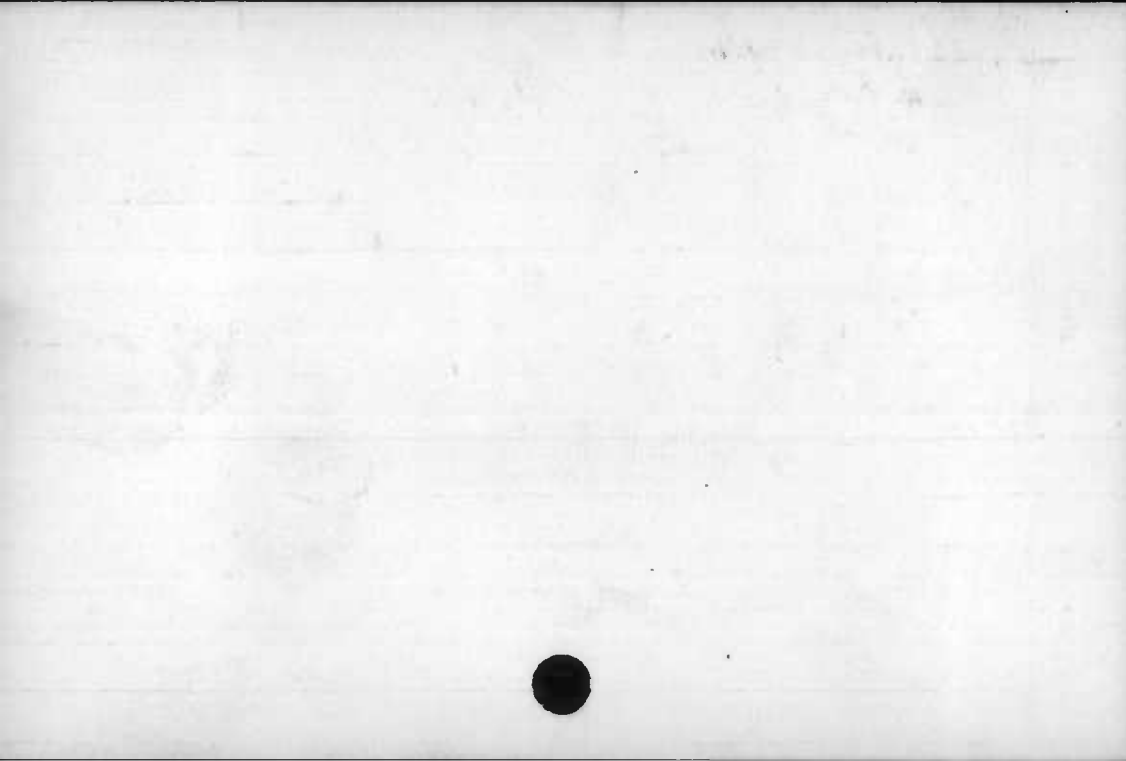
(62)

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>5 yrs +</i>	Signature of Physician <i>Allen Graham M.D.</i> Address <i>St. Agnes Hospital.</i>
Immediate <i>Uremia</i>	How long <i>2 days +</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		
Accident or Suicide? <i>No</i>		



Name in Full		Town				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>St. Agnes' Hospital</i>				<i>Baltimore</i>				MARYLAND			
		Date of death <i>1910</i>		Month <i>Feb.</i>		Day <i>24</i>		Age <i>22</i>		Years		Months	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>							
		Occupation <i>Fireman</i>				Where Residing if not at place of death <i>807-Frederick Rd.</i>							
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband									
		Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>							
		Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>							
		Name of person giving information <i>Hospital Records</i>				How related to deceased							
CAUSES OF DEATH												46 ✓	
PHYSICIAN OR CORONER		Primary <i>Mediastinal Sarcoma</i>				How long <i>6 weeks,</i>							
		Immediate <i>Asphyxia: Operation</i>				How long <i>2 x h.</i>							
		Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>				Signature of Physician <i>Allen Graham M.D.</i>							
						Address <i>St. Agnes' Hospital,</i>							
		Accident or Suicide? <i>No.</i>											



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Distin Evangelist O'Neill

Died at *MT Washington* Town *Baltimore* County **MARYLAND**

Date of death *1960* Month *July* Day *21* Age *72* Years Months *11* Days *(?)*

Sex *Female* Color or Race *white* Birth-place *Pittsburg Pa*

Occupation *Religious* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *John O'Neill* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Ann Hyman* Mother's Birthplace *Ireland*

Name of person giving Information *Walter Abogemus* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Organic heart disease* How long *6 to 7 years*

Immediate *Asthma* How long *about one year*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *William J. Ford* Address *MT Washington Md*

Accident or Suicide

Henry H. Jenkins & Sons Co.
McCulloch & Archard & Co.

Burial in Mt St Agnes Convent Church
February 25th 1900

Name
in
Full

Charcella C. Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Town Texas County Balto.

Died at Texas

Date of death | 1940 | Month Feb. | Day 27 | Age 72 | Years 72 | Months 06 | Days 20

Sex female Color or Race white Birth place Pikeville Md

Occupation none Where Residing if not at place of death Texas Md

Married, Single or Widowed married Name of Wife or Husband Wm. Parks

Father's Name Mr Shipley Father's Birthplace Carroll Co. Md.

Mother's Maiden Name Charcella C. Shipley Mother's Birthplace Carroll Co.

Name of person in information Wm G. Parks How related to deceased Son

Wm G. Parks

CAUSES OF DEATH

50

Primary

Diabetes Mellitus

How long

about 5-yrs

Immediate

Diabetic Coma & Paralysis

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

B. F. Buesey Md.

Texas Md.

Accident or Suicide?

Funeral at J. J. J.

Wed. Mar. 2 = 1910.

Wm C. Brown.

Name
in
Full

Edna Viola Patterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pharmacy		County Pratt		MARYLAND	
Date of death	1900	Month 2	Day 21	Age 25	Years 1	Months 28	Days
Sex	Female		Color or Race	White		Birth-place	Pratt Co
Occupation	Mill work			Where Residing if not at place of death Pharmacy			
Married, Single or Widowed	Single			Name of Wife or Husband Bonnie M. Patterson			
Father's Name	Alon R. Benson					Father's Birthplace	Pratt Co
Mother's Maiden Name	Julia Ann Harman					Mother's Birthplace	" " "
Name of person giving information	Julia Ann Harman					How related to deceased	Mother

CAUSES OF DEATH

(29)

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	8 months
Immediate	General failure of heart		How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Dr. J. E. Benson		
Address		Bokehsville		
Accident or Suicide?		No		

Funeral at Hall's
Road Chapel. Thursday
Feb 24th.

M. C. Brooks,

Name
in
Full

Agers Pennington

CERTIFICATE OF DEATH

Died at ^{Town} Lummefeld, Md.County
Balto.

MARYLAND

Date
of death 19/0Month
Feb.Day
12

Age

Years

Months

Days

Sex

Male

Color or
Race

Col

Birth-
place

Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

not married

Father's
Name

William Pennington

Father's
Birthplace

Md

Mother's
Maiden Name

Mannie Ager

Mother's
Birthplace

Md

Name of person giving
In formation

Mannie Ager

How related
to deceased

Mother

CAUSES OF DEATH

151

Primary

Congenital debility

How long

46-48 months

Immediate

Coronary Arteriosclerosis

How long

4-5 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. Rogers Pennington M.D.
Lowson Md.~~Accident or Suicide?~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Slade Brothers Undertakers

John Slade
Per. J. Frost Green

Place of burial

Mt. Zion Cemetery
Long Green
Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1900

Sex

Occupation

Married, Single
or Widowed

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Town

Month

Day

Age

Years

Months

Days

Color or
Race

Birth-
place

Where Residing if not
at place of death

Name of Wife or
Husband

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

MARYLAND

188

How long

How long

Am. Polish Undertaker. —
Fealkowski

Holy Rosary Cemetery. —

Burial. — Feb. 25 - 1910. —

Name
in
Full

Rosalie E. Plummer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown ^{County} Balto - MARYLAND

Date of death 1970 ^{Month} 2 ^{Day} 9 ^{Age} 4 ^{Months} - ^{Days} -

Sex Female Color or Race White Birth-place Baltimore

Occupation *100* Where Residing if not at place of death 3512 E. Lombard St.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Frederick J. Plummer Father's Birthplace Baltimore

Mother's Maiden Name Florence A. Harold Mother's Birthplace Washington D.C.

Name of person giving Information Frederick J. Plummer How related to deceased Father

CAUSES OF DEATH

Primary Pseudo Membranous Croup How long 6 days

Immediate Exhaustion How long 1/2 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. L. Truax Address 2411 North Highland Ave.

Accident or Suicide *100*

PHYSICIAN
OR CORONER

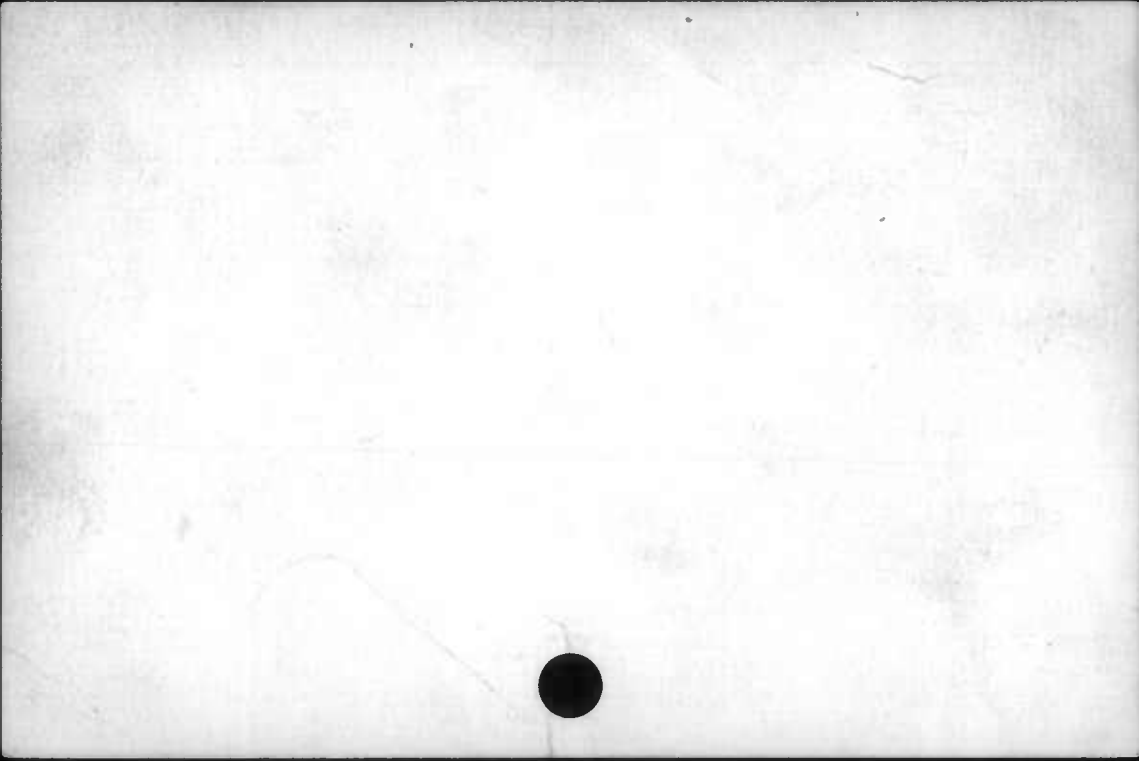
Holy Redeemer
Cemetery
Feb 10th 1970

Undertakers
Lilly and Zeiler

Name in Full		Certificate of Death			
Annie Poploskiesky		Town		County	
Died at		Middle River		BALTIMORE	
Date of death		Month	Day	Years	Months
1940		Feb	12	26	
Sex		Color or Race		Birth-place	
Female		white		Russia	
Occupation		Where Residing if not at place of death			
Housewife					
Married, Single or Widowed		Name of Wife or Husband			
Single		Unknown			
Father's Name		Father's Birthplace			
Unknown		Unknown			
Mother's Maiden Name		Mother's Birthplace			
Unknown		Unknown			
Name of person giving Information		How related to deceased			
Martin Pulaschi		None			
CAUSES OF DEATH					
Primary		How long			
Pneumonia		3 days			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
yes		C. V. [Signature]		Baltimore	
Accident or Suicide					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary Frances Prince.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1910</i>	<i>July</i> ^{Month}	<i>1st</i> ^{Day}	Age <i>66</i> ^{Years}	Months	<i>22</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New York State</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Dunmore Ave.</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Geo Prince</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Alvin Prince</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

40 ✓

PHYSICIAN
OR CORONER

Primary <i>Gall stones & Cancer of Bile duct</i>	How long <i>years</i>
Immediate <i>Exhaustion</i>	How long <i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. C. Lewis</i>
	Address <i>Arlington</i>
Accident or Suicide?	

Wm Book Undertaker
502 E. North ave
Interment at Loudon Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

still born infant of John & Mary Pruss

MARYLAND

Died at 3410 Harmond Ct. - Caton Baltimore County

Date of death 1900 Feb 1 Age 1 Months 7 Days
Sex female Color or Race white Birth-place Caton Balt Co. Md.
Occupation none Where Residing if not at place of death

Married: Single ~~Widowed~~ Name of Wife or Husband had none

Father's Name John Pruss Father's Birthplace Germany
Mother's Maiden Name Mary Mnarsky Mother's Birthplace Baltimore
Name of person giving Information John Pruss How related to deceased father

CAUSES OF DEATH

Primary detachment of placenta How long 2 1/2 days
Immediate still born How long

Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician H. V. Wright
Address Caton + O. B. Pruss

Accident or Suicide

PHYSICIAN
OR CORONER

M. B. Sadowski.

703 S. Ann St

St Stanislaus.

Feb 1/10

Name
in
Full

Maryanna Pruss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death		1900	Month Feb.	Day 5	Age 24	Months	Days
Sex F.		Color or Race W.		Birth- place Germany			
Occupation Housew.		Where Residing if not at place of death		3410 Harwood Ct.			
Married, Single, or Widowed		Name of Wife or Husband		John Pruss			
Father's Name		Morosky		Father's Birthplace		Germany	
Mother's Maiden Name				Mother's Birthplace		Germany	
Name of person giving Information		John Pruss		How related to deceased		Husband	

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary detached placenta causing death of foetus (full term)		How long probably 1 week
Immediate Toxemia of Septicemia		How long 4 days
Are the name, age, sex, color, date and place correctly given above?		yes
Signatures of Physician		J. H. Hough
Address		Carroll + O'Donnell Sts. Baltimore Md.
Accident or Suicide		

Wendell Lippel & Son

330 S. Bond

Holy Rosary Comm.

Feb. 7th / 10

Name
in
Full

Susie Beel Onch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town White Marsh P.O.		County Baltimore		MARYLAND	
Date of death		1980	Month July	Day 20	Age 45	Years 3	Months 2
Sex Female		Color or Race white		Birth-place Md			
Occupation Sis				Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Samuel S. Pugh					
Father's Name Beal Stirling		Father's Birthplace Pa					
Mother's Maiden Name Susie Cole		Mother's Birthplace Md					
Name of person giving Information Samuel S Pugh		How related to deceased Husband					

CAUSES OF DEATH

Primary	Inflammatory Rheumatism	How long 7 weeks
Immediate	General weakness	How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

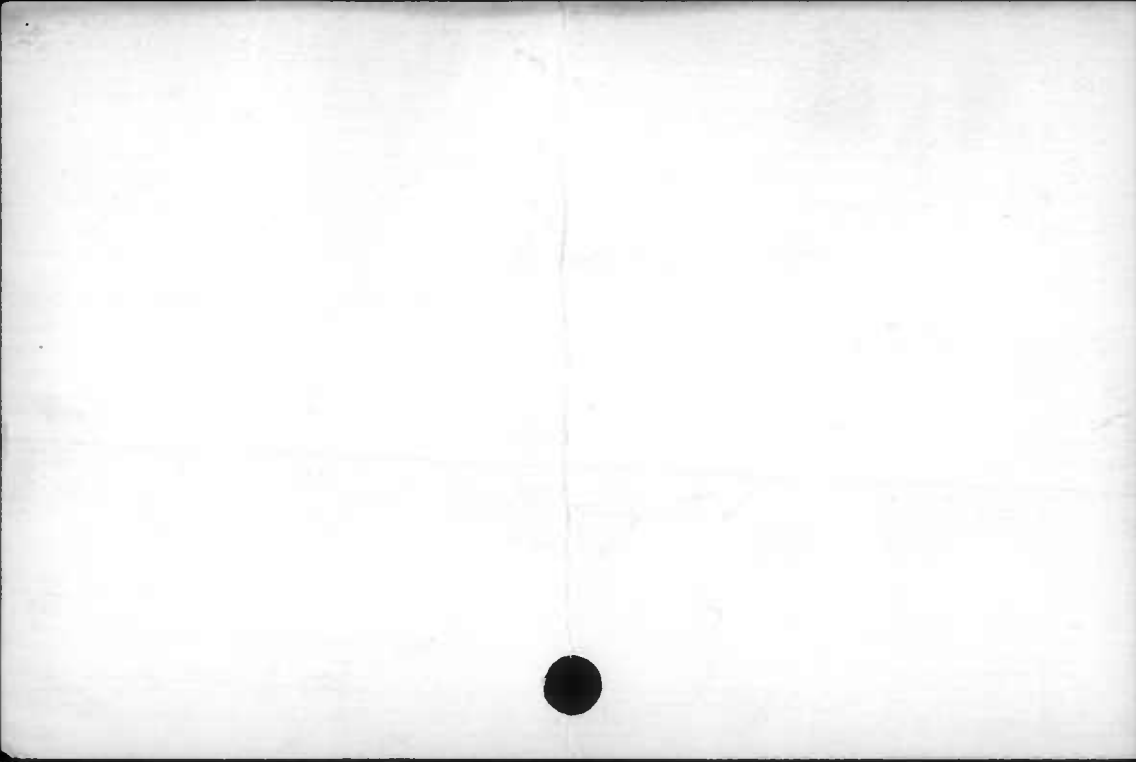
Signature of Physician

Address

John H. Harrison Jr
Emblewood Md 15

Accident or Suicide

No



Name
in
Full

Ratie Pulse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grovers		County Baltimore		MARYLAND	
Date of death		19	Month Feb.	Day 22.	Age 70 -	Months —	Days —
Sex Female		Color or Race white		Birth-place Wolholm Germany			
Occupation Housewife		Where Residing if not at place of death Grovers Md.					
Married, Single or Widowed widowed		Name of Wife or Husband Theodore Pulse.					
Father's Name Jacob. Sofsky.		Father's Birthplace Germany.					
Mother's Maiden Name Mrs - Wagner.		Mother's Birthplace Germany.					
Name of person giving Information Frank Sofsky.		How related to deceased Nephew					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Senility	How long	6. mo.
Immediate	Aortic insufficiency	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. C. Bess, M.D.	
Yes.		Address Grovers. Md.	
Accident or Suicide		neither	

E A Hudfield Jr

St Marys Cemetery

Garrettsville

Ind

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna Kate Rau
 Died at Ridge Road Woodlawn Balto. Co. -
 Date of death 1910 Feb 5 Age 77 Months 6 Days 9
 Sex Female Color or Race White Birth-place Germany
 Occupation House work Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband John C. Rau
 Father's Name William Hinkle Father's Birthplace Germany
 Mother's Maiden Name Don't know Mother's Birthplace Germany
 Name of person giving information Harry C. Rau How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paraplegia, Peter a second stroke causing Total Paralysis (64) ✓ - 1910
 Immediate Perhaps overwork Rupture of vessel in brain How long Jan 13 to Feb 5
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician L. G. Frazier, M.D.
 Address Woodlawn Sta Balto, Md
 Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Katherine C. Reinert
Highlandtown Baltimore

MARYLAND

Died at

Date

of death

1904

Month

Day

Age

Years

Months

Days

Month

Day

Age

Years

Months

Days

Sex

Occupation

Color or
Race

Birth-
place

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

How long

How long

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

120

24 yrs

2 days

Same

Housewife

Married

John Reinert

Katherine Medlander

Adolph Reinert

Baltimore

Adolph Reinert

Germany

Germany

Husband



J. S. Suedler M.D.
3323 E. Baltimore

17

Trinity - Conn

Mar 1st 1910

St Nicolaus & son

1820 Canton Ave

Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Ritter		Town Highlandtown		County Balto.		State MARYLAND	
Died at Highlandtown		Month Feb.		Day 20th		Age 78	
Date of death 1960 Feb. 20th		Month Feb.		Day 20th		Age 78	
Sex Male		Color or Race White		Birth-place Germany		Occupation Laborer	
Married, Single or Widowed Widower		Name of Wife or Husband —		Where Residing if not at place of death 708 S. Boulevard		Father's Birthplace Germany	
Father's Name Don't know.		Mother's Maiden Name ..		How related to deceased Son.		Father's Birthplace Germany	
Name of person giving Information John Ritter		Mother's Maiden Name ..		How related to deceased Son.		Mother's Birthplace ..	

CAUSES OF DEATH

Primary
Thal. Equiv. Sept. Senility. -
Immediate
Nephritis and Asthenia.

How long
8 wks.
How long
9 wks.

Are the name, age, sex, color, date and place correctly given above?

gu.

Signature of Physician

Address

W. E. McLaughlin, M.D.
619 S. Chestnut St.

Accident or Suicide

Undertaker. —

Gilly and Zeiler.

Burial. — Sacred Heart Cemetery.

— Feb. — 23 — 1910. —

Name
in
Full

Elizabeth Royal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hullville		County Balto		MARYLAND	
Date of death		Month	Day	Age	Months	Days	
1960		2	10	52	—	—	
Sex		Color or Race		Birth-place			
Female		Colored		Va.			
Occupation		Where Residing if not at place of death					
Housewife		1731 - Carlyle place Balto Md.					
Married, Single or Widowed		Name of Wife or Husband					
Widow		George Royal					
Father's Name		Father's Birthplace					
Taylor Holmes		Va.					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Va.					
Name of person giving Information		How related to deceased					
Mary J. Hill		None					

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	Indigestion	How long	30 Minutes
Immediate	Indigestion	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		August W. Miller, Coroner	
		Address	
		Mt Winans	
		Balto Co. Md.	
Accident or Suicide			

Richmond
Virginia

Alex. Hensley
Bath

Name
in
Full

Hallie A. Rutter.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Relay.</i> Town		<i>Balto.</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>Feb</i>	Day <i>10</i>	Age <i>47</i> Years	Months <i>2</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Adams Co. Pa.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Relay, Md.</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>A. E. Rutter.</i>			
Father's Name <i>Joel Penickes</i>			Father's Birthplace <i>York Co. Pa.</i>		
Mother's Maiden Name <i>Caroline Harwedde</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Ralph Rutter.</i>			How related to deceased <i>Son.</i>		

CAUSES OF DEATH

79 ✓

PHYSICIAN
OR CORONER

Primary <i>Mitral insufficiency</i>	How long <i>Several years</i>
Immediate <i>Secondary (passive) nephritis</i>	How long <i>about 1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. R. Eareckson</i>
	Address <i>Elex Ridge, Md.</i>
<i>Accident or Suicide?</i>	

Place of burial Greenmount Cemetery

Henry W. Jenkins & Sons Co

Orchard & McCulloch, Sts,

Balto Md.

(Eisenstein.)

Name
in
Full

Sister M. Justina, Schares

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Catonsville, ^{Town}		Baltimore, ^{County}		MARYLAND	
Date of death		1980	Month	Feb.	Day	8	Age
							61
Sex		Feminine		Color or Race		White	
Occupation		Landscaper		Birth-place		Pennsylvania	
Married, Single or Widowed		Single		Where Residing if not at place of death		Catonsville Md	
Father's Name		Unknown		Mother's Birthplace		Unknown	
Mother's Maiden Name		"		Mother's Birthplace		"	
Name of person giving Information		S. M. Corona, Rieger.		How related to deceased		Superior	

CAUSES OF DEATH

Primary	Rt Lobar Pneumonia.	How long	6 days.
Immediate	asthenia	How long	24 hours
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
yes		Marshall B West.	
		Address	
		Catonsville Md.	

PHYSICIAN
OR CORONER

Accident or Suicide

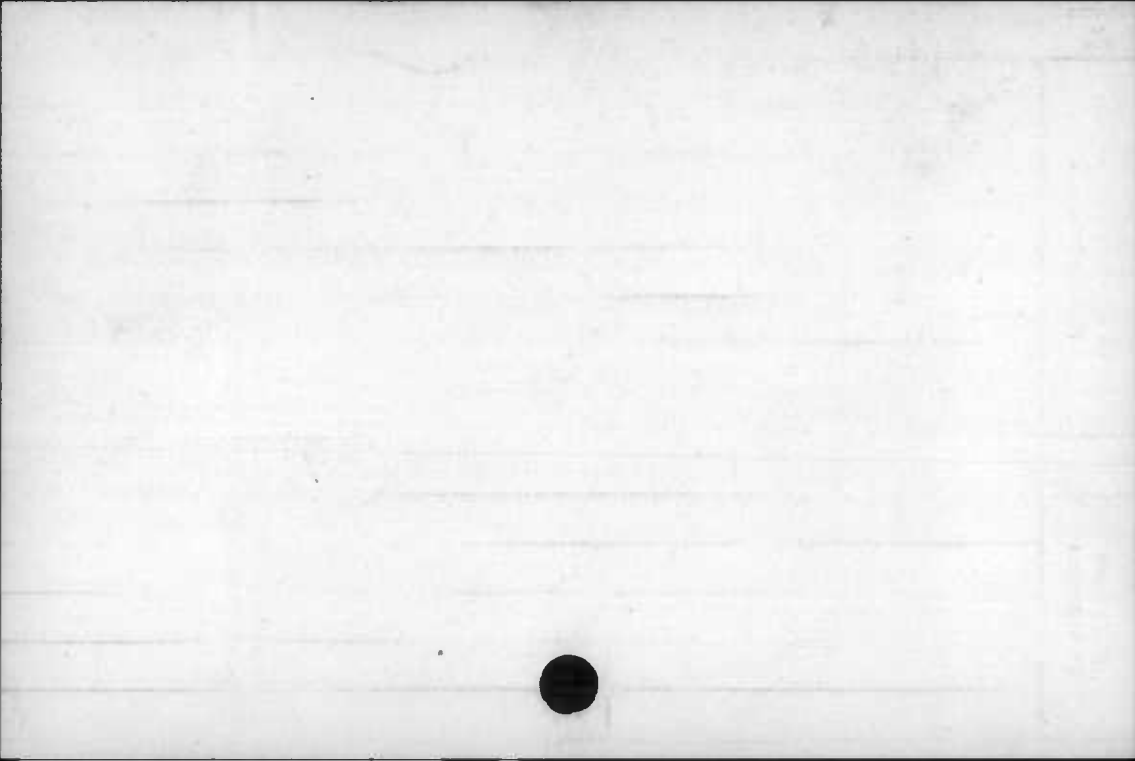
A. Teich & Son.

915 N. Gay St

Balt Md.

Governstown / Preritt / Bern.

Name in Full		Elizabeth C Schatz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Calanence		County Bello		MARYLAND	
		Date of death 1964 Feb 2		Age 44		Months Days	
		Sex Female		Color or Race white		Birth-place Europe	
		Occupation Housewife		Where Residing if not at place of death			
		Married, Single or Widowed Married		Name of Wife or Husband Michael Schatz-			
PHYSICIAN OR CORONER		Father's Name Frank C Giese		Father's Birthplace Germany			
		Mother's Maiden Name Frances Giese		Mother's Birthplace Germany			
		Name of person giving information Michael Schatz		How related to deceased Husband			
		CAUSES OF DEATH		27 ✓			
Primary Pulmonary Tuberculosis		How long about 6 months					
Immediate Exhaustion		How long few days					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas. L. Maupied		Address Calanence Md			
Accident or Suicide? —							



Name
in
Full

Ernest A Schriver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow Point Md</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	19 <i>60</i>	Month	<i>2</i>	Day	<i>17</i>	Age	<i>51</i>
				Years	<i>10</i>	Months	<i>—</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Pa</i>
Occupation	<i>Sabor</i>		Where Residing if not at place of death <i>Sparrow Point Md</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Susan Schriver</i>			
Father's Name	<i>John Schriver</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	
Name of person giving information	<i>Susan Schriver</i>					How related to deceased	<i>Wife</i>

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma Liver</i>	How long	<i>One year</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>J. L. Eldred M.D.</i>	
Address		<i>Sparrow Point Md</i>	
Accident or Suicide?		<i>no</i>	

Dr. Eldredge

C. 502

Name
in
Full

William Schmauser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1940		Feb	12	Age 78			
Sex		Color or Race		Birth-place			
Male		White		Germany			
Occupation				Where Residing if not at place of death			
Crown Worker				Arlington Ave Goran			
Married, Single or Widowed		Name of Wife or Husband					
Widowed							
Father's Name				Father's Birthplace			
John Conrad Hartman Schmauser				Herschmittau Hesse			
Mother's Maiden Name				Mother's Birthplace			
Annie Marie Schwab				Frauerbach			
Name of person giving information				How related to deceased			
F. H. Schmauser				Grand Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

How long

154 i
one week

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Evans MD
602 Bator Ave
Baltimore, Md 9

Accident or Suicide?

J E Hughes
Undertaker
17 S Broadway
Balto
Md

Interment
at Mt Carmel
Balto Co
Md

Name
in
Full

Edgar J. Seay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Higglanstown</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death 19 <i>00</i>	Month <i>2</i>	Day <i>13</i>	Age <i>—</i>	Months <i>10</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>3733 Mt Pleasant</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank L. Seay</i>			Father's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Georgia A. Berry</i>			Mother's Birthplace <i>Md</i>		
Name of person giving Information <i>Georgia A. Seay</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

91

V

PHYSICIAN
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long	<i>6 weeks</i>
Immediate	<i>convulsions</i>	How long	<i>few hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Dr. F. A. Seay</i>	
		Address <i>3244 Eastern Ave.</i>	
Accident or Suicide			

Oak Lawn

Henry

2/15/10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clarence O. Smiley
Died at Prossville ^{Town} Boals ^{County} MARYLAND
Date of death 1901 ^{Month} Feb ^{Day} 15 Age — ^{Years} 12 ^{Months} — ^{Days} —
Sex Male Color or Race white Birth-place —
Occupation — Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband —

Father's Name Robert Smiley Father's Birthplace Ind
Mother's Maiden Name Sarah Beitzel Mother's Birthplace Ind
Name of person giving Information Robert Smiley How related to deceased father

CAUSES OF DEATH

Primary Pneumonia ^{How long} 2 days
How long —

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

L. V. Moore
Prossville
Ind

Accident or Suicide —PHYSICIAN
OR CORNER

Interment at Oak Lawn Cemetery.

H. F. HUGHES.

Dentist.

17 S. BROADWAY.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Georgy Smith
Hollywood

Baltimore

MARYLAND

Date

of death 190

May 27

Day

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

England
Southdown

Occupation

Stoker

Where Residing if not
at place of death

Unknown

Married, Single
or Widowed

Unknown

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Maty Ship

How related
to deceased

170

CAUSES OF DEATH

Primary

Int. Haemorrhage
due to Ruptured Aorta

How long

Immediate

How long

Coroner

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

W. S. Fuller M.D.

Address

355 E. Baltimore St.

Accident or Suicide

PHYSICIAN
OR CORONER

Joe B Cook
1003 W. Balto st

St Peters Bern

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death

1900

Month

Feb

Day

27

Age

Years

34

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Maryland.

Occupation

None

Where Residing if not
at place of death

X

Married, Single
or Widowed

Single

Name of Wife or
Husband

X

Father's
Name

unk

Father's
Birthplace

unk

Mother's
Maiden Name

unk

Mother's
Birthplace

unk

Name of person giving
Information

—

How related
to deceased

—

CAUSES OF DEATH

120

- v

Primary

Terminal Dementia

How long

3 yrs

Immediate

Chronic Interstitial Nephritis

How long

6 mos.

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

Percy Wade
Leaksville, Md

Accident or Suicide

No

PHYSICIAN
OR CORONER

Stewart & Munn.

219 Park Ave.

Baltimore

Name
in
Full

Infant
Town
Munkton

Smith
County
Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1900

Month

Feb

Day

6

Age

Years

Months

Days

0 minutes

Sex

Female

Color or
Race

Black

Birth-
place

Munkton

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Thos. Smith

Father's
Birthplace

Pa

Mother's
Maiden Name

Mary Morse

Mother's
Birthplace

Pa

Name of person giving
Information

Thos. Smith

How related
to deceased

Father

CAUSES OF DEATH

Primary

Asphyxiated at birth in
bucket

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

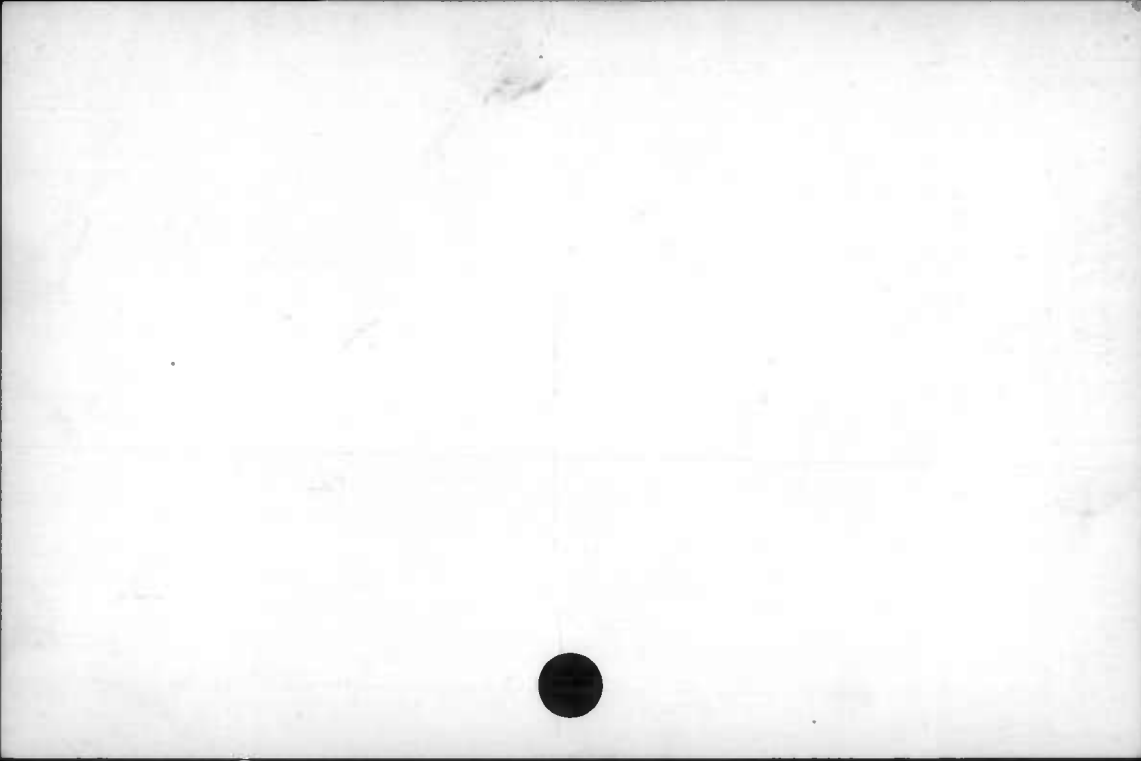
J. R. Payne
Corbett

Address

Accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full William L. Smith		CERTIFICATE OF DEATH	
Died at St. Agnes' Hospital ^{Town}		Baltimore ^{County}	
Date of death 1900 ^{Month} Feb. ^{Day} 23 ^{Age} 16 ^{Years}		MARYLAND ^{Months} ^{Days}	
Sex Male Color or Race White		Birth-place	
Occupation School boy		Where Residing if not at place of death	
Married, Single or Widowed Single		Name of Wife or Husband	
Father's Name William		Father's Birthplace Not known	
Mother's Maiden Name Olivia Jane McCulloh		Mother's Birthplace Baltimore	
Name of person giving information Brother Paul, Supr. St. Mary's Ind. School.		How related to deceased Boy was an inmate	
CAUSES OF DEATH			
Primary Pulmonary Tuberculosis + Meningitis		How long 29 ^{days}	
Immediate Ephraimston		How long 48 hrs. +	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Allen Graham M.D.	
		Address St. Agnes Hospital	
Accident or Suicide? No			



Name
in
Full

Edward J. Snow.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Govaus.* ^{town} *Baltimore* ^{County} **MARYLAND**

Date of death *1960 Feb'y* ^{Month} *27* ^{Day} Age *80* ^{Years} *6* ^{Months} ^{Days}

Sex *male* Color or Race *White* Birth-place *Baltimore, Md.*

Occupation *Clerk.* Where Residing if not at place of death *634 Gorseuch Ave. Baltimore Md.*

Married, Single or Widowed *widowed* Name of Wife or Husband *Mary E. Snow (deceased)*

Father's Name *Charles G. Snow.* Father's Birthplace *Mass.*

Mother's Maiden Name *Cynthia White* Mother's Birthplace *Baltimore Md.*

Name of person giving Information *Mrs Mary Billingslea* How related to deceased *daughter.*

CAUSES OF DEATH

67 ✓

PHYSICIAN
OR CORONER

Primary *General paresis (Senile)* How long *1 year.*

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Harry Lyman Whittle

Address

*906 Gorseuch Ave.**Baltimore Md.*

Accident or Suicide

Greenmount Sanitarium

E M Mitchell

1201 W Fayette St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Samuel E & Mary Snowden

Died at *Chastolence* ^{town} *Baltimore* ^{County} MARYLAND

Date of death 19*60* Month *2* Day *14* Age *—* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *Bolts. Co. Md*

Occupation *—* Where Residing if not at place of death *Chastolence*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Samuel E. Snowden* Father's Birthplace *Bolts. Co. Md*

Mother's Maiden Name *Mary Bump* Mother's Birthplace *Virginia*

Name of person giving Information *Samuel E. Snowden* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still born -* How long *8* ✓

Immediate *Breech Presentation - undelivered by midwife* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Henry A. Naylor*

Address *Pikeville*

Accident or Suicide *—*

PHYSICIAN
OR CORONER

J. H. Kraft

Mr. Pleasant

Name
in Full

Child of Thos. & Amelia Stein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Low} <i>Highlandtown</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death	1900	Month	2	Day	3
Age		Years		Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto Co</i>
Occupation		<i>none</i>		Where Residing if not at place of death	
Marrisd, Single or Widowed		Name of Wifs or Husband			
Father's Name	<i>Thos. Stein</i>			Father's Birthplace	<i>Annapolis</i>
Mother's Maiden Name	<i>Amelia Storack</i>			Mother's Birthplace	<i>Balto</i>
Name of person giving Information		<i>Theo Stein</i>		How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause	<i>Premature delivery at 6th.</i>	How long	<i>8</i>
Immediates	<i>Indur</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. L. M. Stein</i>		
	Address <i>6 N. Brown</i>		
Accident or Suicides			

St. Matthews
~~Oak Lawn~~ Cemetery

Herrig & Son

2/4/10

Name
in
Full

Gula Strickland

CERTIFICATE OF DEATH

Died at *Arlington* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death *1960* ^{Month} *2* ^{Day} *21* ^{Years} *35* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *Penna*

Occupation *House Girl* Where Residing if not at place of death *Arlington*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Howard Strickler* Father's Birthplace *Penna*

Mother's Maiden Name *May A. Wood* Mother's Birthplace *"*

Name of person giving Information *Carol H. Thomas* How related to deceased *None*

CAUSES OF DEATH

Primary *Natural Causes* #88 189 *1*

Immediate *Found dead in bed* *Sudden*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Richard A. Berman, J.D.*

Address *Penny "Coroner"*

Arlington Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. H. Kragg

Wm. H. Kragg

Name

In Full

Gratie Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catoonsville</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>2</i>	Day <i>28</i>	Age <i>40</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Norway</i>		
Occupation <i>House wif</i>	Where Residing if not at place of death <i>Maryland Hospital for Insane</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank Thompson</i> Husband				
Father's Name <i>Hans Rolfa</i>	Father's Birthplace <i>Norway</i>				
Mother's Maiden Name <i>Auna Anderson</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Frank Thompson</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia Praecox</i>	How long <i>27</i> <i>8 years</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. Edw. Garrett</i>
	Address <i>Md Hospital for Insane</i>
Accident or Suicide? <i>No</i>	<i>Catoonsville Md</i>

Mt Carmel Cemetery
March 2nd 1910

Christian Miller
2334 Jefferson St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Annie Marie Vogel* Town *Highland* County *Dallman* MARYLAND

Died at *Highland* Date of death 19*40* Feb. *15* Age *43* Months *10* Days *20*

Sex *Female* Color or Race *White* Birth place *Germany*

Occupation *House wife* Where Residing if not at place of death *612 Gouldin St.*

Married, Single or Widowed *Widow* Name of Wife or Husband _____

Father's Name *John Vogel* Father's Birthplace *Germany*

Mother's Maiden Name *Mrs. Appeltz* Mother's Birthplace *Germany*

Name of person giving Information *Albert O. Bauer* How related to deceased *Grand son*

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary *Nephritis and Senility* How long *6 mts & mos.*

Immediate *Cardiac Asthenia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. E. McCloud M.D.* Address *614 S. Clinton St.*

Accident or Suicide *_____*

Undertaken. —

Wendell Dippel & Son. —

—
Burial. — Holy Rosary Cemetery —
~~Sacra~~ Frid. Feb. 18-1910.
—

Name
in
Full

Ruth Katie von Hagel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Reisterstown ^{County} Baltimore MARYLAND
Date of death 1940 ^{Month} Feb ^{Day} 15 ^{Age} ^{Years} ^{Months} 2 ^{Days} 28
Sex Female Color or Race White Birth-place Reisterstown
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name James Whitman von Hagel Father's Birthplace Spring City Pa.
Mother's Maiden Name Emma Wilhelmina Schaefer Mother's Birthplace Baltimore Md.
Name of person giving Information J. H. von Hagel, How related to deceased Father

CAUSES OF DEATH

151

Primary Marasmus How long About 2 mo.
Immediate Exhaustion How long Two weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Mladec
Reisterstown Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Willie A Walstrum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} 3421 Dillust Court ^{County} Balt **MARYLAND**Date of death 1960 ^{Month} 2 ^{Day} 17 ^{Years} Age 46 ^{Months} ^{Days}Sex Female ^{Color of Race} White ^{Birth-place} VaOccupation Housekeeper ^{Where Residing if not at place of death} —Married, Single or Widowed Married ^{Name of Wife or Husband} John F WalstrumFather's Name Harry Filer ^{Father's Birthplace} VaMother's Maiden Name Unknown ^{Mother's Birthplace} VaName of person giving Information John F Walstrum ^{How related to deceased} Husband

CAUSES OF DEATH

Primary Chronic ~~phthisis~~ ^{How long} 120 1Immediate ~~Obstructive Lung~~ ^{How long} 48 hr

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician M. J. McAvoy M.D.

Address 6839 S. Canton St.

Accident or Suicida

PHYSICIAN
OR CORONER

William Cook
302 E. North ave.
Undertaker

Western Cemetery.
Tues. Feb 21-1910.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Mattie Josephine* Town *Leaksville* County *Balto*

Died at *Leaksville* *Balto* **MARYLAND**

Date of death 19*60* Month *Feb* Day *18* Age *69* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Virginia*

Occupation *None* Where Residing if not at place of death *X*

Married, Single or Widowed *Single* Name of Wife or Husband *X*

Father's Name *unk* Father's Birthplace *unk*

Mother's Maiden Name *unk* Mother's Birthplace *unk*

Name of person giving Information *unk* How related to deceased *unk*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

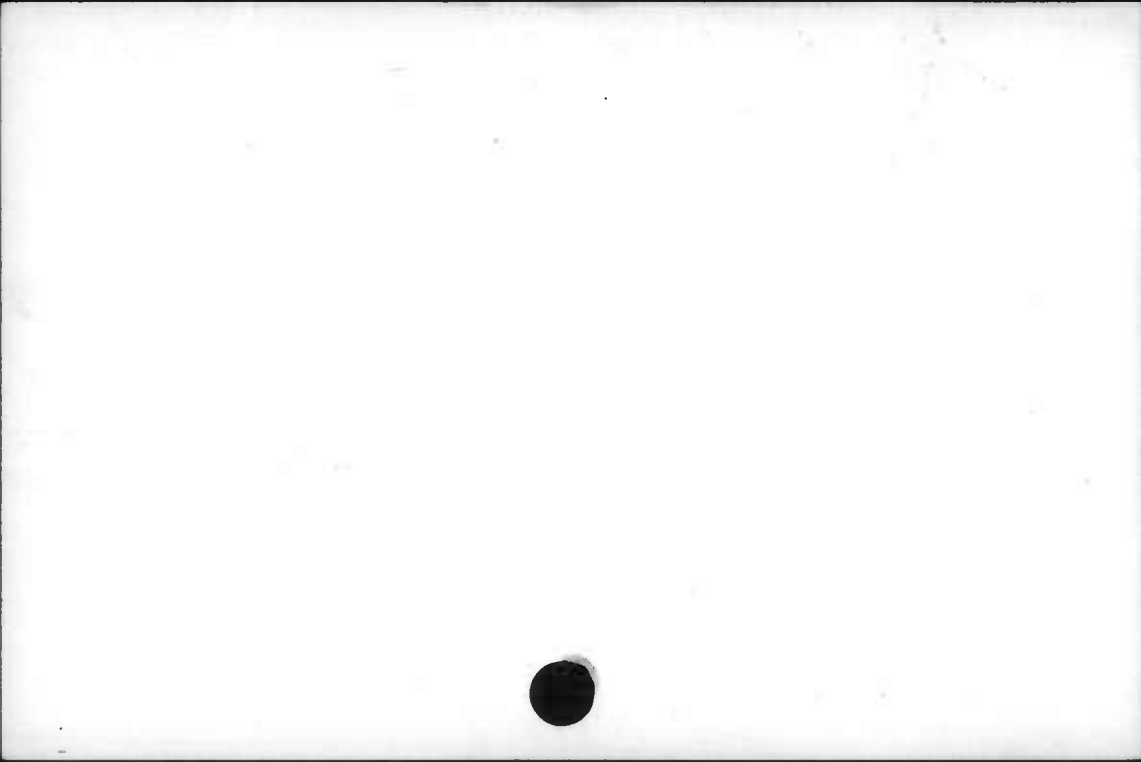
Primary *Valvular Disease of Heart* How long *3 mos*

Immediate *Pulmonary Edema* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. Perry Wade*

Address *Leaksville, Md*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bookeysville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1900</i>	Month <i>2</i>	Day <i>8</i>	Age <i>49</i> Years	Months <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Bottom mill operator (Sup't)</i>			Where Residing if not at place of death <i>Bookeysville</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Blanch E. Webb</i>			
Father's Name <i>George D. Webb</i>			Father's Birthplace <i>Kent Co. Md.</i>		
Mother's Maiden Name <i>Caroline Wheat</i>			Mother's Birthplace <i>Anna Arundel Co.</i>		
Name of person giving information <i>Blanch E. Webb</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis -</i>	How long <i>Two Years</i>
Immediate <i>General Exhaustion</i>	How long <i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Drach</i>
	Address <i>Bookeysville Md</i>
Accident or Suicide?	

Interment Western
Cemetery Baltimore

Feb 10th
"

M. C. Brooks

Name
ink
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Bertha Whitley
Town *Sparrows Point* County *Balto.* MARYLAND

Died at *Sparrows Point*

Date of death 19*20* Month *Feb* Day *26* Age *—* Months *—* Days *3 hours*

Sex *female* Color or Race *col* Birth-place *Sparrows Pt.*

Occupation *none* Where Residing if not at place of death *Sparrows Pt.*

Married, Single or Widowed *single* Name of Wife or Husband *none*

Father's Name *John Whitley* Father's Birthplace *Va*

Mother's Maiden Name *Annie Jones* Mother's Birthplace *Md.*

Name of person giving Information *John Whitley* How related to deceased *Father*

CAUSES OF DEATH *176* *152* ✓

PHYSICIAN
OR CORONER

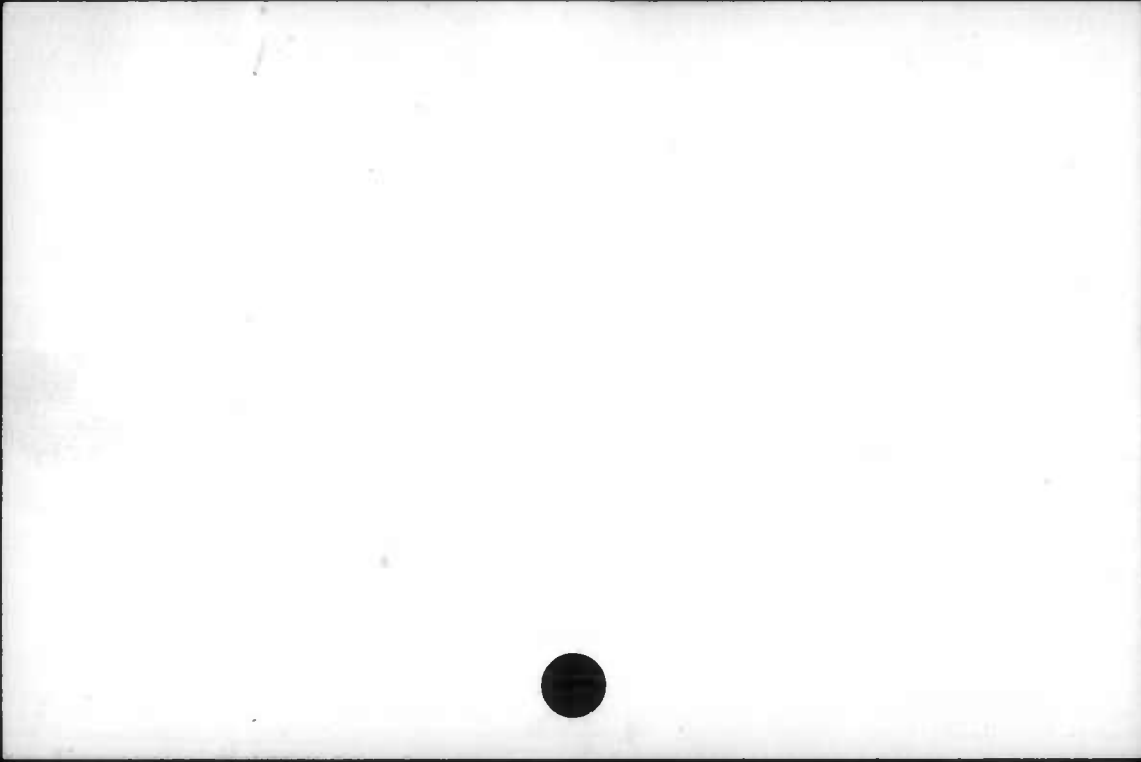
Primary *Delayed birth of head* { *Brach presentation* How long *1 hour.* attended by *midwife*

Immediate *Central Congestion* How long *3 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *G. J. McCormick M.D.*

Address *Sparrows Point*

Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDVirginia G. Wilson
Town

County

Died at *Gorans**Belts*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1940**Feb**6*

Age

*63**0**0*

Sex

*Female*Color or
Race*American*Birth-
place*Bretinun*

Occupation

*pc*Where Residing if not
at place of death*Gorans Belts*Married, Single
or Widowed*Widow*Name of Wife or
Husband*William Wilson*Father's
Name*Stephen Cramblitt*Father's
Birthplace*Belts*Mother's
Maiden Name*Syphia Diehl*Mother's
Birthplace*Belts*Name of person giving
In formation*Charles G. Bode*How related
to deceased*Son-in-law*

CAUSES OF DEATH

154

Primary

General break down from age

How long

1 year

Immediate

Heart weakness

How long

*1 week*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*E. H. Deucace*

Address

Gorans Town Md.

Accident or Suicide?

Joseph Jordans. T. Dore.

Balto Cemetery.

Name
in
Full

Jane Parry Winslow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland Park</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 19 <i>90</i>		Month <i>Feb.</i>	Day <i>14th</i>	Years <i>80</i>	Months <i>6</i>	Days <i>22</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Philadelphia, Pa.</i>			
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Caleb Winslow</i>					
Father's Name <i>Oliver Parry</i>				Father's Birthplace <i>New Hope, Pa.</i>			
Mother's Maiden Name <i>Rachel Randolph</i>				Mother's Birthplace <i>Philadelphia</i>			
Name of person giving Information <i>John R. Winslow</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

Primary	<i>Intestinal Carcinoma (2.)</i>	How long	<i>Do not know</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
<i>Yes</i>		<i>M. Gibson Porter</i>	<i>Roland Park Md.</i>
Accident or Suicide <i>No</i>			

PHYSICIAN
OR CORONER

Place of burial Friends Cemetery
By W. Jenkins & Sons Co
Orford to M & Culloch Sts.
Horse
Box
Road

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Constantine Winterling

Town

County

Died at Highlandtown

Balto

MARYLAND

Date

of death 1940

Month

Feb.

Day

19th

Age

Years

49

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Baker

Where Residing if not
at place of death

3222 Foster Ave

Married, Single
or Widowed

Married

Name of Wife or
Husband

Christina Winterling

Father's
Name

Sebastian Winterling

Father's
Birthplace

Germany

Mother's
Maiden Name

Veronica Goldbach

Mother's
Birthplace

" "

Name of person giving
Information

Christine Winterling

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Fractured Rib.

Immediate

Pulmonary Hemorrhage

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

W.C. McClanahan M.D.

Address

619 S Clinton St
Highlandtown

Accident or Suicide

PHYSICIAN
OR CORONER

164

185

How long

3 days

How long

6 to 8 hrs.

Undertaker. —
Lilly and Zeiler.

—
Burial. — Holy Redeemer Cemetery,
Feb. 22 — 1910. —
—

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Brothera Winterstein

Died at *Highlandtown* ^{Town} *Balto.* ^{County} **MARYLAND**

Date of death *1910 Feb.* ^{Month} *13* ^{Day} Age *7* ^{Years} Months *2* Days *25-*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *—*

Father's Name *Benjamin Braver* Father's Birthplace *Germany.*

Mother's Maiden Name *Not known* Mother's Birthplace *" "*

Name of person giving Information *Winterstein* How related to deceased *Son*

CAUSES OF DEATH

Primary *Cardiac dis. - Salvage* 79 *How long* *one year*

Immediate *Cardiac paralysis* *How long* *sudden -*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Immermann* Address *1258 Bldg*

Accident or Suicide

PHYSICIAN
OR CORNER

H. Gandy & Son.

Feb. 16th 1910.

Baltimore County.

Mr. Brewster.

Name
in
Full

Wareya weise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at mt wman Town Baltimore County MARYLAND

Date of death 1940 Month Feb. Day 12 Age 44 Months 4 Days 11

Sex female Color or Race colored Birth-place Washington

Occupation Domestic Where Reaiding if not at place of death mt wman

Married, Single or Widowed widowed Name of Wife or Husband Jalen weise

Father's Name Jay Baker Father's Birthplace Washington

Mother's Maiden Name Lizzie weise Mother's Birthplace Virginia

Name of person giving Information Jalen weise How related to deceased Mother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 1 year

Immediate Splenitis How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. [Signature] Address mt wman Md.

Accident or Suicide

George Hooper
Mt Auburn Cemetery.

Name
in
Full

George C. Worden
Town Texas County Balto.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1940

Month

2

Day

6

Years

Age 34

Months

—

Days

6

MARYLAND

Sex

Male

Color or
Race

White

Birth-
place

Texas, Md

Occupation

Labourer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

George Worden

Father's
Birthplace

Chestnut Ridge

Mother's
Maiden Name

Margaret Parks

Mother's
Birthplace

Chestnut Ridge

Name of person giving
In formation

Geo. Worden

How related
to deceased

Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Pulmonary Tuberculosis

How long

5 yrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. J. B. Bussey

Address

Texas

Accident or Suicide?

No

Md

Interment at Grace
Cemetery Chestnut
Bridge Wednesday 9th

M. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Sydia A. Yingling
Town *Arlington* County *Balto*

Date

of death

1980 Feb 6

Age

89

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Leanoll-co Md

Occupation

None

Where Residing if not
at place of death

Arlington Md

Married, Single
or Widowed

widow

Name of Wife or
Husband

John W. Yingling

Father's
Name

Peter Knight

Father's
Birthplace

Leanoll-co Md

Mother's
Meiden Name

Anna Smith

Mother's
Birthplace

Leanoll-co Md

Name of person giving
Information

Maria S. Rensing

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Old age

How long

154

Immediate

Exhaustion

How long

Six weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

C. B. Eason M.D.

Arlington Md

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. F. E. Line

Name
in
Full

Unknown New Born Female Infant **CERTIFICATE OF DEATH**

Died at *Unknown* Town *Unknown* County **MARYLAND**

Date of death 19*00* Month *July* Day *21* Age *—* Years Months Days *New Born*

Sex *Female* Color or Race *Unknown* Birth-place *Unknown*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Police Department* How related to deceased *none*

CAUSES OF DEATH

Primary *Strangulation & disorganization Immediate* How long *176* *184*

Immediate *of Brain from blow* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Fredrik L. Bahendorf*

Address *Coroner*

Accident or Suicide *Murder*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

111

